

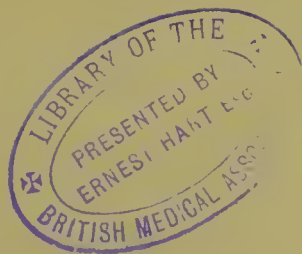
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A HANDBOOK FOR MOTHERS

JANE H. WALKER, M.D.

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BEING

SIMPLE HINTS TO WOMEN ON THE MANAGEMENT
OF THEIR HEALTH DURING PREGNANCY
AND CONFINEMENT

TOGETHER WITH

Plain Directions as to the Care of Infants

BY

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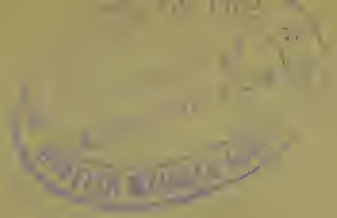
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CONTENTS.

CHAP.	PAGE
I. INTRODUCTION	I
II. HINTS TO YOUNG WIVES	4
III. PREGNANCY	7
IV. FALLACIES OF PREGNANCY	14
V. GENERAL MANAGEMENT OF PREGNANCY	20
VI. DISORDERS AND DISEASES OF PREGNANCY	36
VII. MISCARRIAGE AND PREMATURE CONFINEMENT	72
VIII. ON FIXING THE DATE OF CONFINEMENT	84
IX. PREPARATIONS FOR CONFINEMENT	88
X. LABOUR AND CHILD-BIRTH	97
XI. GENERAL MANAGEMENT DURING CONVALESCENCE AFTER CONFINEMENT	110
XII. LACTATION, MANAGEMENT OF BREASTS, WEANING	112
XIII. DIET AND GENERAL MANAGEMENT DURING NURSING	126
XIV. "MILK-FEVER"—SO-CALLED MINOR AILMENTS CON- NECTED WITH LACTATION	129
XV. GENERAL MANAGEMENT OF INFANTS FROM BIRTH	136
XVI. ON THE CHOICE OF A WET-NURSE	143

CHAP.	PAGE
XVII. THE ARTIFICIAL FEEDING OF INFANTS	144
XVIII. THE CLOTHING OF INFANTS	160
XIX. MINOR AILMENTS OF INFANCY	168
<hr/>	
GLOSSARY OF MEDICAL TERMS	196
INDEX	199



A

HANDBOOK FOR MOTHERS.

CHAPTER I.

INTRODUCTION.

THERE is no possibility, no fact, in a woman's life so sacred, so serious, so beautiful, as that of motherhood. All her past is summed up in it; the strength of her body, the attributes of her mind, her moral and spiritual individuality, are brought to a focus here, and the whole of the future of her country and of the world depends upon this work of hers, and such as this. It is a fine thing indeed for man and woman, sane and sound, so to love each other that they forsake all others and cleave together, and it is a solemn thing that the fruit of their union should be another life—a life to which the days that are to come, when themselves have ceased, must be intrusted.

What a world of possibilities, what a tale of romance, meets in the new-born baby! The finest art of Christianity has seized upon it, as upon the supreme expression of humanity, and spent its utmost powers in its expression. Mother and child, purity and innocence,

unselfish love and ungrudging self-sacrifice, that is the meaning of the Glorified Madonna and Sacred Infant who look down at us in all the galleries of the world, and their meaning and their beauty are of perhaps equal value.

There is a wonderful mystery in motherhood. The love that comes with it is altogether incomprehensible, except to her who has a child of her own, and the young wife in taking upon herself this high responsibility is entering upon a kingdom of happiness such as she has never felt before, and could find in no other way. It will more than repay her for any pains she has borne in entrance; it will give a point and meaning to her life more vivid and more precious than she could gain in any other way. The joys of motherhood, the loveliness of it—poets and painters of all times and climes have depicted them—they are common-places to us all. But they should not be lightly undertaken; man, woman, is not only an idea, a thought, but a physical creature with mortal needs, subject to natural laws. Do men gather grapes of thorns or figs of thistles? Can there come of the ill-judged union of the unsuited, of the selfish and faulty, of the unhealthy, a child sound in heart and limb who will develop into a valuable servant of the State? We need not expect miracles. Evil passions, unwholesome constitutional tendencies, will repeat themselves in our offspring; we must be wise, pure, and clean ourselves if we would give noble sons and daughters to our

country. But there is no better work that man or woman can do, and, like all good work, it is not easy. Marriage should be warily undertaken, with true and selfless purpose, and the woman who is about to become a mother should give all her soul to the end of doing it as best she can. She should live soberly and chastely, she should live as close to nature and to the high things of the spirit as she may. And as the body is the temple of the soul, and as in our state of civilisation and imperfection many ills beset it, this little manual is written in the hope that it may make a more perfect way possible for many who are entering upon the greatest labour of their lives. It is sent out with much hope, and with keen human sympathy.

CHAPTER II.

HINTS TO YOUNG WIVES.

It is when the honeymoon is over that the real difficulties of married life begin. The excitement of the wedding and the long preparations for it, the novelty of new conditions, and the strain of the constant companionship with one who, however congenial and beloved, is yet a comparative stranger, are past, and there follows a period of anti-climax, of *désœuvrement*, of flatness, which most women find hard to bear. In the majority of cases the bride has left the friends and interests of her youth for more or less unknown surroundings; in many instances she has had previously full and active life, often now-a-days earning her own living, and responsible entirely for herself; she awakes generally to the fact that in her new estate she has really nothing to do. Her house and its furniture are brand-new, even her clothes need no attention. At this time it is not uncommon for young wives to fall into a melancholy and morbid habit of mind and body, difficult to endure and hard to treat. In a month or two they are thoroughly out of health.

To prevent this, then, the best course is this: to

live as healthy a life as possible, and as far as may be to keep their old interests and follow their old pursuits. A woman's whole nature is not changed because she has married; that which, mentally and socially, attracted, employed, and amused her before, should, if it be wholesome, continue to do so now, and she will appreciate her husband's companionship the more if it be added to, not altogether substituted for, her former occupations. Regular daily exercise should be taken. Systematic gymnastics should be done with the window open after the morning bath (see notes of gymnastics in chapter on General Management of Pregnancy). Riding, if possible, is one of the best things in the world for health; so is *brisk* walking of sufficient duration to induce a healthy action of the skin and a pleasant sensation of fatigue. Any ordinary young woman can walk two or three miles a day, many can walk six or seven, and be all the stronger for it, and by those who cannot prevail upon themselves to take a "constitutional," some object should be found for going out—the household shopping or visits paid to friends at a distance. It should be remembered, however, that sitting in a close shop bargaining is *not* exercise, neither is sitting in a friend's drawing-room chatting over tea and cake; exercise is a muscular thing and should be taken in the open air. Gardening is excellent for health; one soon gets accustomed to the difficulty of stooping, &c., and then one is interested in one's work. Household duties are not to be despised;

dusting is good ; so is the old and valuable recipe of polishing table or sideboard or making the beds, all of which bring into play muscles not generally used at all, and too often allowed to stiffen and waste.

It may seem hardly necessary now-a-days to insist that the mind should not lie fallow. With what is called the "higher education," with University extension lectures, and correspondence classes, and the availability of good reading, most girls find some kind of mental exertion both easy and attractive, and every girl should make it. There is nothing better for one than to learn some new thing ; the more varied one's interests, the greater one's capacity for enjoyment.

The physiology of diet,¹ if she has not already studied it, is necessary for a young married woman to acquaint herself with, especially if, as is too often the case, she has been in the habit of rather despising food than not. To countless women, from foolish prejudice or genuine disinclination, food seems to be of little importance. It is possible that since childhood they have never taken enough nourishment, either eating insufficient quantities or unsuitable things, and, in the probable daily absence of the husband, the wife makes a scanty meal—a lunch of bread and butter and tea, perhaps—or even none at all. None need be ashamed of making a hearty meal. The body should be considered as an instrument to be kept in order.

¹ See chapter on Physiology of Diet in "Book for every Woman," companion volume to this manual.

CHAPTER III.

PREGNANCY.

THE time of pregnancy is perhaps the most important in a woman's life. Two lives depend upon her, her own and that of her child, and, without being unduly anxious or over-careful about herself, she should pay strict attention to her health, and strive also to maintain a cheerful and equal habit of mind, which will materially aid her in keeping well. It cannot be too strongly stated that there is no reasonable cause for fear or wrong during pregnancy. It is a natural condition, and a woman of ordinary strength need feel no alarm for herself or the baby she hopes will be born to her. Certain pains and discomforts are almost inevitable, but the amount of them and their degree are generally much over-rated; and it must be borne in mind that nothing in the world that is worth having can be got without some trouble.

Every married woman should note the dates of her monthly periods—what is commonly called “being unwell.” She should observe the *character* of the periods, that is, the number of days they last, and the quantity of the discharge which takes place, whether

greater or less than usual ; in short, she should notice any variations from her general custom. Ceasing to be regularly unwell, or, as some people put it, ceasing to “see anything,” almost always means, in a newly-married woman, that she has begun to be in the family-way—*almost*, but not *quite* always, for there are exceptions to this rule, though they are not many. On the other hand, the loss of blood may occur for the first two or three months after a woman has begun to conceive, and this is not very uncommon, though the loss at such a time is generally less than ordinary, and the discharge lasts for a shorter time, and this is sufficiently marked for the patient to notice it. Cases have been known where women have been regularly unwell during the whole of pregnancy, but this is very rare.

On the other hand, conception (falling into the family-way) may take place in those who have never been unwell in their lives ; this, too, rarely happens, but instances of it are undoubted.

In a general way, then, the first sign of pregnancy is stoppage of the usual monthly period ; but beyond this there are other symptoms on the appearance of which a woman may fairly suppose that she is going to have a baby. The common and natural signs are these :—1. Morning sickness ; 2. Enlargement of breasts, with changes in the nipple and presence of milk ; 3. Enlargement of abdomen ; quickening.

1. *Morning sickness*.—This is a highly characteristic symptom of pregnancy, and, when it occurs, continues

generally for the first three months. A woman will wake up in the morning feeling quite as usual, comfortable, and with no sense of nausea; but as soon as she gets out of bed and begins to move about, she is seized with a feeling of intense sickness, and goes on to vomit, bringing up often nothing, but sometimes a watery fluid. This sickness may recur at intervals during the whole day, but it generally passes off as soon as the patient has taken food. It is unpleasant, but it need cause no alarm; it is not dangerous, and the reason of it is not far to seek. It is the result of what is called "reflex" action, and is due to the fact that the nerve centres of the womb and the stomach are very closely connected. The womb enlarges, consequently, on the growth of the embryo, and the stomach, sympathising in its discomforts, shows its own sympathy in its own particular way, by giving rise to nausea and retching. This sympathy is not equal in all cases, and some persons suffer more than others from morning sickness. In fact, it is not nearly so frequent as is generally imagined. Quite one-third of the women who bear children never suffer from it at all, and it is often found in the same subject in one pregnancy and not in another. Patients come to a doctor for advice as to their condition, and on being told they are in the family-way, say in amazement, "But I have never been sick in the morning, and I always was with my others!"

2. *Enlargement of breasts; changes round nipple; presence of milk.*—The breasts begin to enlarge at an early

stage of pregnancy. The increase in size is perceptible usually two months after conception, and is uniform, that is all over the breast; at the same time there is a feeling of weight, of tenseness; there is often a sense of pain and heat, with occasional throbbing. Frequently, owing to the considerable stretching of the skin, cracks occur in lines running towards the nipple. They are of a red colour at first, and sometimes very tender; they become brownish later, and fade slowly to glistening white. These changes are usually permanent, and form a strong presumptive evidence that pregnancy has taken place. The veins, which in single women are hardly noticeable, grow large and full, making blue lines all over the breast. The nipple becomes more prominent, and, with the skin all round it for about an inch, grows darker, and is gradually studded with little swellings, like very small warts. This is known technically as the formation of the areola.

At about the fourth month of pregnancy milk is formed, and may appear as drops of thickish white fluid oozing from the nipple, or only on pressure being applied to the breast. Taken alone, this is not an infallible sign of pregnancy, as milk may be secreted from other causes. It is sometimes found in men, this being proved by various well-authenticated cases.

No milk may be present until the mother has been delivered of her child, but taken in conjunction with other signs, it is valuable as confirming the fact of pregnancy. The most important and characteristic of

the changes in the breast after conception are the formation of the areola and darkening (the latter is called also pigmentation). They are the most certain symptoms that a woman is *enccinte*. Not only the nipples, but other parts of the body sometimes become dark in colour. A band of colour may be found on the middle of the abdomen ; this may be of varying width, and of deeper or lighter colour, according to complexion. More rarely patches of darkness appear on the sides of the abdomen. They are of no importance, and should give rise to no alarm.

Enlargement of the abdomen ; quickening.—The abdomen does not usually enlarge at once in pregnancy. For the first three months it may even seem flatter than usual, because the womb, which is naturally a little bent to the front, bends yet more, and is hidden beneath the bony framework at the lower part of the body, which is called the pubes. When the fourth month has begun, a soft swelling may be felt in the womb, just above this bone, by pressing the hand firmly down. This swelling rises gradually. At the fifth month it is half way between the bone and the navel, at the sixth it has risen as far as the latter, at the eighth it has mounted till it is half-way between the navel and the breast-bone, and at the ninth it has reached the breast-bone. Two or three weeks before confinement the womb sinks, and the patient feels great relief. She has probably found it increasingly difficult to get about during the last three months, and the

change makes her comparatively comfortable. It is fairly safe to prophesy, when this has taken place, that delivery is not far off. In the greater number of cases confinement takes place about three weeks after this sinking of the womb; sometimes it is a fortnight later; instances occur of shorter periods. One patient of my own tells me that she experiences great relief for *one* day only, and confidently expects her baby on the following day. Most women, after their first pregnancy, know quite well from this sign when to make their preparations for the new-comer. In this way, therefore, it is most useful. Changes take place in the navel as the abdomen enlarges. For the first three months the hollow seems deeper, then slowly fills and rises, till, at about the seventh month, it is pushed out prominently beyond the surrounding skin.

Quickening is the term used to describe the movements of the child in the womb. It is felt at different times by different patients. Some notice it as early as $3\frac{1}{2}$ months after conception, others later, some not at all. It is thought by many persons to occur first in the middle of pregnancy, and is sometimes found helpful in calculating when a woman has conceived while suckling (she has, as a rule, no monthly period at such times), or when she is unwell during several months of her pregnancy. When first noticed, quickening is said to be like the feeling of the flutter of a bird held in the hand; afterwards it gets more violent, and definite distinct movements on the part of the child,

kicks and struggles, are plainly to be felt, and perhaps obvious to a bystander a few feet away. But they may also never be felt at all, or may occur for a few days and then cease for a time, during which no evil result need be feared. At night they are generally most felt, and are occasionally troublesome, preventing sleep. Great excitement or shock will cause them. After long abstinence from food they become very noticeable, and also on pressing firmly on the womb, so that it is worse than useless to lace the stays tightly in order to put a stop to them. If the life of the child is in danger from any cause—such as fever on the part of the mother—they become very violent indeed, and then cease usually altogether. Only a doctor can tell with any certainty if the patient who complains of them is pregnant. Flatulence may cause similar movements; intense desire on the part of the mother to conceive may lead her to fancy them when they do not exist. Cases have been known of women of from forty-five to fifty-five years of age—about the time when the monthly period ceases—who are deceived by supposed quickening into thinking themselves in the family-way. This arises generally from wind. I repeat they may occur in one pregnancy in the same person, and in another they may never occur at all. Only the doctor can decide upon their cause.

CHAPTER IV.

FALLACIES OF PREGNANCY, ETC.

THE young woman who is expecting her first baby finds herself, as a rule, surrounded by interested friends and neighbours, who rarely fail to deliver themselves of much useless and foolish matter in the way of warning and instruction. Their communication too is chiefly in the way of warning, for, according to them, the pitfalls provided by nature for the unlucky wife who hopes to become a mother are many in number, and most insidious in character; hardly can the wariest escape them all; wonderful it seems, if we give credence to these counsellors, that any child is born into the world straight of limb and clear of mind. It is a common statement that a woman in the family-way has two human beings to feed instead of one, and that she must therefore eat far more than usual. No mistake is greater than this. It must be remembered that the whole process is perfectly natural, requiring no abnormal effort on the part of the woman, and that what keeps her best in health will best enable her to supply the growth of the child. She needs only to see that the food she takes be as good and fresh as

possible, and sufficient in quantity to nourish her and provide for the growth of the baby. Again, pregnant women are commonly told that they must have anything they wish for very much, or the baby will suffer. So widespread is the belief in this fallacy, that friends fear to deny them, even to their own detriment, lest they should indirectly be the cause of injury to the future man or woman. An amusing story of the kind is that of the lady who took a violent fancy to some beautiful Sèvres china in the collection of an elderly friend of her husband's. An heir was hoped for shortly; the thought of the china haunted her; she seemed about to make herself ill for lack of it. Her husband trembled for her sake and the succession's. In his anxiety he applied to his friend, and besought him in the name of humanity and property to consider a woman in an interesting condition even before his valuable collection of china, and to let her have the Sèvres she fancied. The friend at once complied, and sent the coveted cups and dishes, and the lady was at peace, and was soon after delivered of a son. But when the consequent rejoicings had a little subsided, the wily old collector sent his servant to the house of the happy father with a note to the effect that all danger being now over, he would be glad to have his china back again.

Again, what are known as the "longings" of pregnancy are regarded with great reverence by the mass of the public, and women with morbid cravings for all

kinds of ridiculous and unwholesome articles of food are suffered to indulge them to an extraordinary and often dangerous extent. My own opinion is that the frequency and seriousness of these "longings" are very much exaggerated. In some cases a woman's desire testifies to a real want in her system, as when she desires chalky matter, for pregnancy uses up lime salts to a considerable extent, as is proved by the way in which at this time the teeth often decay. A great need of fresh vegetable food may be shown in the longing for some special fruit or vegetable. I knew a case of a lady, who, before the birth of her only child, had a wild and persistent longing for watercresses; she ate them with every meal, and could not bear to pass a shop where they were to be bought without getting and eating some. On the occasion of a visit she paid to a relative in the country, the first question she put to her hostess was if watercresses could be had in the village, as she had omitted in the hurry of starting to bring any with her, and she felt she could not live much longer without them. When the child was born the longing entirely ceased, nor has it ever returned, nor does the child care at all for watercresses.

As to all these things the best advice is this, to disregard as much as possible any desire that threatens to become inordinate; the woman herself is invariably a gainer by the exercise of self-control; without doubt, if her conduct and her mental attitude have any effect

on the human being she is about to bring into the world, her child will be a gainer too.

External Impressions.—Many women's lives during pregnancy are made burdensome by their terror of seeing anything dreadful or unusual. They have probably read a great deal of sensational literature on the subject, which purports to be founded on fact, but of which the deductions are either pure fiction or else ludicrously unscientific. To a medical mind many stories of the fearful results of painful external impressions bear on their face the stamp of falsehood. Such are the statement of a woman who had given birth to a baby with a discoloured eye, that it was due to a black eye given her by her husband a few days before. Again, there is a tale of a lady in Jamaica, who, being attacked by a negro, shot him in self-defence, and his dead body fell on her, his blood flowing over her face. Her baby was born within twenty-four hours of the occurrence, and its face was blood-red. Her deduction and that of her friends was instantly that the blood shed on her own face had been thus terribly reproduced in her child. But both these stories are absolutely absurd. A very severe shock or fright *might* have some effect on the infant in the womb; we know how one's liver suffers from such a cause, and one becomes more or less jaundiced, or feels merely rather out of sorts; or a serious sudden alarm may turn a ruddy face pale and bloodless, so

that it may continue so for weeks, or even years, and if the mother's health is profoundly affected by any mental disturbance, we may reasonably suppose that the child will suffer with her, as in the case of any very debilitating condition, such as real illness or fever. But we can give no credence whatever to the fallacy that the woman who has seen a bull, or a duck with four legs instead of two, or a man maimed or scarred in any peculiar or painful way, will give birth to a child with a face like a bull, or hands webbed like the feet of a duck, or marked as if by some sad accident. It is true that infants *are* born short of an arm or a leg, or curiously stained as to the skin, or malformed as to the features, but this has been so from the beginning of the growth in the mother. The life of the embryo is months long, a gradual process, just as everything else in nature is gradual. Cases of supposed fright happen usually some time after arms and legs are developed, and have taken the shape they will afterwards keep. As a rule, the patient never refers to her terrors till after the baby is born, and then, casting about in her mind for the cause of its malformation, ascribes it to whatever seems to her most plausible. It is a case of *post hoc sed non propter hoc*. Again, there is a delusion that a pregnant woman—whose teeth, as we have said above, are especially likely to decay—must endure the torments of toothache without seeking any relief, for if a tooth be stopped or extracted, even with the help of gas or

ether, the child to be born will be the worse for the shock. This is amazing nonsense. There is no reason whatever why a normally healthy woman should not consult a dentist when pregnant just as when not pregnant, and indeed if any evil results could ensue to her baby, they will more probably do so from the worry and torture of continued toothache than from a brief operation followed by complete relief. Still, in case of doubt, apply to a good doctor. Similarly as regards neuralgia. I have known some women suffer agonies for weeks—nervous women who suffer always under any prolonged strain or exertion—because they dared not, for their child's sake, take their customary dose of quinine. All these things are popular fallacies. It may be laid down as an axiom that the less attention paid by any patient to the popular advice or report the better. It is, however, a safe rule that one should never take medicine at such a time except under medical advice.

CHAPTER V.

GENERAL MANAGEMENT OF PREGNANCY.

THERE is no time in a woman's life when she needs help and guidance so much as during pregnancy. The whole condition is strange, and she knows it to be perhaps the most important in which she will ever find herself; she feels anxious and nervous, very desirous to do right, and yet not knowing what is right, imbued probably with prejudices and fallacies of all kinds from her friends and acquaintances, which prejudices have most likely not one grain of truth to recommend them. Evils she thinks of unknown magnitude lie before her, but there is often no one who can help her to regard them intelligently, for her husband is generally even more ignorant in the matter than herself, and makes things more difficult for her by injudicious counsel whenever she applies to him. Often her mother is far away, and she has a sort of feeling that, however uncomfortable she may be, it is only natural in the circumstances, and so she frets along from week to week, more and more miserable, really ailing very little—a few words from an expe-

rienced person would put it all right—but enduring a thousand petty woes.

A chapter on the general management of the health in pregnancy is therefore a very necessary part of a manual such as this, and its teaching may be briefly summed under two heads:—

1. The means of keeping the mother in as good health as possible, not only in body, but also in mind.

2. To ensure the birth of a healthy child.

It cannot be too strongly impressed on parents—for in this the father should participate—that the care of the child should begin from the moment of conception, and it is not too much to say that the antenatal culture of the child is as important as that after it is born. We know how diseases affect the child in the womb; probably there is nothing mental or moral which affects the mother that does not have some effect on the unborn baby.

No act is finer than the bringing forth of a healthy infant, and it is comforting to think that much may be done by a mother to bring this about. Of course it is impossible for thoroughly unhealthy parents to have really healthy offspring, but much may be done to effect this while the baby is coming. There is no blessing that parents can confer upon their children so great as that of perfect health. There is no curse greater than hereditary disease. Those who through any recklessness or wantonness on the part of father

and mother are born with a tendency to consumption, epilepsy, insanity, strumous ailment, &c., with their moral concomitants of irascibility, moral obliquity, mental deficiency, &c., have a right to ask bitterly why they were brought into the world at all.

People who have a marked tendency for any one of these complaints should hesitate long before marrying at all. If they do so, it should be with some person of singularly sound constitution. The subject is a difficult one, and cannot be more than touched on here, but as the progress of science enlightens society further, there will doubtless be less need of comment upon it than unfortunately there is to-day.

While her child is coming, a mother should give up all her energies, interests of mind, body, and spirit, to the pursuit of its welfare. It should be her chief object to bring it into the world sound in mind and limb. The first question asked after an infant has arrived by both parents is invariably, "Is it all right, doctor? Is it straight and perfect?" Just so anxious should they be for it to be pure in heart and elevated in soul. It is of far less consequence that a child should be born into a house richly furnished, and its little form clothed in lace and silk, than that it should come into an inheritance of sanity, purity, and self-control. A mother should think no time or trouble wasted that will give this last to her offspring. She must then exercise self-denial on its behalf; any undue cravings, such as an appetite for unwholesome and

undesirable food, must be strictly repressed ; a slothful habit of mind or body should be checked ; idleness, the drinking of stimulants, loss of temper, too long lying in bed, immoderate sexual intercourse, should not be allowed ; and as regards the last named, there is much to be said in favour of entire abstinence from sexual intercourse during pregnancy ; but without rigidly pressing this point, there can be no doubt that extreme moderation is then highly necessary, and not only the child, but the parents will gain by this exercise of self-control.

As calm and equable a temper as possible should be preserved. A woman should not permit herself to be worried and harassed about trifles ; she should think about bright and happy things, and encourage kindly thoughts about others. She should realise what a great work she is doing, and do it to the best of her ability.

The question of the management of pregnancy resolves itself into that of general health, which is dependent on—I. Clothing ; II. Bathing ; III. Diet ; IV. Fresh air and exercise ; V. General hygiene.

I. Clothing.—The object of clothing is to form a covering for the body. It should be fairly equally distributed all over it, and should be as light as is compatible with warmth. Clothing should interfere neither with respiration nor digestion, nor circulation, nor locomotion. Considering this as the first

and most important requisite, we may discuss clothing in detail.

A. Shoes.—These should be big enough, broad enough, thick enough, and strong enough. They should conform as nearly as possible to the shape of the foot. The heels should be low, square, and flat, the soles should be fairly thick, and made of really good leather, not of some cheap, shoddy material. Leather, when dry, is a very bad conductor of heat and cold; when wet, it conducts more rapidly, hence the importance of wearing fairly thick shoes. A strong shoe with a real leather sole, is one of the best preventives of cold feet, and when woollen stockings also are worn, cold feet are almost impossible. Wearing such shoes will lessen or remove many of the minor ills of pregnancy, such as neuralgia, swelling of the feet and ankles, &c.

B. Garters.—These, if any reader still wears such old-fashioned and dishonoured articles, should be done away with at once. They exert harmful pressure on the blood-vessels of the leg, whether above or below the knee, and by preventing the return of the blood in circulation are very instrumental in producing varicose veins, swelling of the legs, neuralgia, and so forth. Stockings should be held up by tapes, fastened to a band worn round the waist, or some such simple and usual contrivance.

C. Underclothing.—Wool is the lightest and warmest of all materials in proportion to its bulk. It is a bad conductor of heat and cold; it gives no chill to the

skin, and when there is much perspiration there is no ensuing sense of clamminess such as when cotton is worn. The combination garment is the most suitable for wearing next the skin; it most nearly fulfils the ideal of clothing. There are, however, many patterns according to which it is cut too scanty to allow of the perfect covering of the body, and often behind at the lower part of the body there is an open space, which is neither healthy nor cleanly. This may be avoided by cutting the back long, and by making a fold of the material behind. Some people stitch on a flap behind, which is long enough and wide enough to cover the body on sitting down.

Above the combination should come a skirt fastened to a bodice, or a pair of knickerbockers may be worn instead of a skirt, or *with* the skirt, for extra warmth. Above these comes the dress. This should be quite loose, and should fall in folds, for the sake of both comfort and appearance. Nothing is prettier than the tea-gown or the "Princess" style of dress, when something in the way of drapery can be arranged to hide the alteration in the figure. It has been suggested that a good deal of fulness might be put at the sides of a dress and the back, so that the impression conveyed might be of general thickness, which conveyed no idea of the lines of advanced pregnancy. This may be left, however, to the taste of the wearer. As it is very important that clothing should be really loose enough, it may be as well to test it. This may be

done by lying flat on the ground with the arms straight down by the sides and drawing a long breath. Or the arms should be raised high above the head, and a book or ruler should be grasped there while the patient walks about the room. A dress in which these things can be done without any sense of constriction is perfect from a hygienic point of view.

D. Stays.—I feel very shy of expressing an opinion on this well-debated subject. Whatever my view, it will offend some one; some reader will turn away in disapproval, some will consider me conventional and weak-kneed. For I do not think stays altogether unmitigatedly harmful. There must, of course, be no tightening or compressing of the figure, no pulling in of the waist or lessening of the size of the stomach, which is of course *sheer madness*, but there should, in my judgment, be some support for the breasts, absolutely necessary in our present style of dress. Thin women, of course, can do pretty much as they please, but the general tendency of married women is to become stout; there is nothing more ugly or ungraceful than the appearance of general untidiness, bulkiness, and shapelessness which is presented by a stont matron who wears no stays. A moderate support for the bosom adds greatly to comfort as well as to appearance. All through the world's history women have worn some kind of corset, some kind of girdle round the ribs; and so long as it is *round the ribs*, and not round the soft compressible part below the ribs.

where preposterous modern fashion has placed it, there can be no disadvantage whatever in wearing it. No intelligent creature can question that it is, as I said above, sheer madness to squeeze the body in the region of the stomach; most important organs are thereby pushed down and up, instead of being allowed their proper place and space. No words could exaggerate the evils of tight-lacing; it would be difficult to name the ills and disorders that ensue from it; and when pregnant, the habit becomes not only rash and foolish, but positively sinful.

Every married woman who laces her stays too tightly is guilty of an unforgivable offence towards her unborn children. They cannot grow properly in the womb, for the womb cannot expand properly; there is great risk that miscarriage may ensue, which, when wilfully induced, is a crime. Misplacement of the womb, falling of the womb, piles, and varicose veins are a few of its dire results. High and tight stays, too, by compression of the nipples and flattening of the breasts, result in endless trouble when the time comes for nursing. If, however, stays are worn which do not impede the circulation, and do not interfere with the rise and fall of the abdomen in respiration; if the hands and feet are usually warm, or the complexion of the face uniform, then they may be continued for the first five months of pregnancy, always remembering that they must be enlarged from time to time by slips of elastic let in at the sides and under the breasts. If possible,

the sanitary woollen stays made by Dr. Jaeger should be procured, and for the later months the hygienic corset should be worn. It is made with shoulder-straps and without bones; it can be bought at any linen-draper's. Generally speaking, however, it will be best to discard stays altogether towards the end of pregnancy, and if any sensation of dragging or any difficulty in locomotion is experienced, a well-fitting belt will be of much benefit.

II. Bathing.—This is important at all times, for the sake of cleanliness, comfort, and health, but is doubly so in pregnancy, when a heavier strain is put upon the kidneys and bowels, and it is necessary that the skin should act freely and so lessen their labours. Bathing is, moreover, most efficacious in producing an easy confinement, and in mitigating and relieving many of the inconveniences usually attendant on “the family-way.”

All ordinary baths should be continued, the cold plunge or shower-bath in the morning, and the warm bath at night, which are the habit of many persons. If, however, a patient has not the habit of a daily bath, it should be at once begun, and may at the outset be taken in the form of cold sponging, while the feet are in a basin of hot water. In a day or two the entire cold plunge can be safely taken, without fear of shock to the system. Or the body may be douched with tepid water gradually cooler. Except in the case of

very robust persons, the cold shower-bath should not be taken for the first time now, but the habit may be gradually acquired, beginning with tepid water. Besides this, the whole body should be carefully cleansed with soap and warm water, either in the morning or at some time of the day. The external parts should be washed and carefully dried several times daily. This adds greatly to comfort, and will prevent much of the irritation which sometimes causes annoyance during pregnancy.

But, in addition to all ordinary forms of bathing, for purposes of cleanliness and health the tepid or hot sitz or hip-bath should be taken. Any tin big enough to hold the body will do, but of course the regular hip-bath is the best. Sufficient water should be used to cover the abdomen as high as the navel. The feet should be in a basin of warm water, or encased in warm stockings, and a blanket should be thrown over all to cover up to the neck. The temperature of the bath should be 90° to begin with, and should be gradually reduced till in the later months it may be taken at 60° . This may be done before going to rest at night, but when possible the best hour is ten to twelve in the morning, and the patient should remain in it three to eight minutes. The body should then be dried, and rest in the recumbent position for an hour should follow. This bath may be repeated during the day, say at 5 P.M., and again at bedtime. It is impossible to over-estimate the virtues of this treatment. It

soothes nervous irritation of the whole system; it promotes regular action of the bowels; it relieves any sensation of weakness or bearing down; it assists the action of the kidneys; it is most curative in neuralgia and headaches; it has a most beneficial effect in labour, and materially lessens the pain of confinement.

Another very valuable bath is the *Turkish* or *Thermal*. By those who, for various reasons, cannot frequent the regular Turkish bath, the following method may be pursued at home. Sit in an ordinary wooden kitchen-chair, with a solid seat and arms if possible. Under the chair place a coffee-cup or gallipot containing a wineglassful of methylated spirit, and over the chair place a folded blanket, covering back and seat, and hanging down to the ground in front. The feet should be put into a basin of hot water, and the whole body and chair covered with a blanket. The methylated spirits should then be lighted by means of a taper (not a match, for fear of fire), and the patient should remain in this position from five to fifteen minutes, when perspiration will in most cases flow freely. If not, warm water should be freely drunk. The body should then be sponged all over with warm water, rubbed thoroughly dry, and the patient should rest in bed, or somewhere warm and quiet, for an hour or two. Rest is essential after this bath.

Hot fomentations are most useful in treating constipation, and also in relieving pain anywhere. They are

made in the following way. Take several folds of flannel and put it in a towel; put both towel and flannel into a basin and pour boiling water on them; twist the ends of the towel round so as to wring the flannel as dry as possible, and apply to the painful part, and cover with dry flannel and cotton-wool. This should be changed at least every hour.

A cold compress applied to the back and worn all night relieves backache. This is made by wringing a folded towel out of really cold water, and covering with a piece of mackintosh. It can be kept in place by a flannel binder. In every house should be an india-rubber bag; it is of the greatest use, being more cleanly than fomentations and retaining heat longer.

III. Diet.—All food taken during pregnancy should be as plain and simple as possible; fats and sweets and indigestible things should be avoided. The quantity of food taken should not be greater than is customary. Fluids should always be avoided when eating, and taken at other times. Fluid must be taken or the water will become too concentrated, but it should not be taken during meals.

There should be three meals a day—breakfast, dinner, supper, or breakfast, lunch, dinner, and the hours of them should be 8–9, 1–2, 7–8 P.M. respectively. If afternoon-tea be taken, it should consist of tea only, a little bread and butter or biscuit being the only solid

accompanying it. Tea should be quite freshly made, and if made in a teapot, the whole quantity that is to be drunk should be poured out at once. An infuser, china or metal, is very useful.

A glass of barley-water or lemonade or plain water may be taken at bedtime.

Do not eat between meals in any circumstances. The question of *vegetarian diet* occurs here. It has been stated that if a pregnant woman avoids foods that are rich in bone-forming material, she will have an easy and comparatively painless labour. There is a case on record of a woman who, when seven months pregnant with her third child, lived on oranges, apples, lemon-juice, and rice, and a very small quantity of meat or fish once a day. During her two previous confinements her sufferings had been terrible. No inconvenience whatever was felt from the change of diet, but a very free action of the bowels was induced at first. Her varicose veins and the swelling of her legs subsided, and she was able to move about with ease and comfort. Her labour lasted only two hours, and was easy and almost painless, and her recovery was quick and uninterrupted. I refer those interested in this subject to "Tokology," written and published by Dr. Alice Stockham of Chicago, which contains a full account of this case and many others of similar interest. The question of the excessive pains endured by nearly all civilised women during parturition is indeed very serious, and any-

thing that can contribute to a mitigation of their sufferings will be eagerly considered by thoughtful people, and if possible put into practice. There can be no doubt that a light diet, consisting largely of fruits, raw or stewed, rice, sago, and a small quantity of fish or meat—heating food such as fat and milk being avoided—is a very suitable one for the pregnant state.

There is no need for stimulants in any form or quantity. In case of sickness or fatigue, they should be especially eschewed. In many cases, unhappily, the alcohol habit has been started during the time of pregnancy, and I earnestly impress upon all my readers to avoid any risk, however slight, of so great a danger.

IV. Fresh Air and Exercise.—The pregnant woman needs more fresh air than when in her ordinary condition: she has to breathe for two. If she is generally accustomed to be much out of doors, she should now be even more so. She should avoid all heated atmospheres, all crowded places, and live and sleep with open windows. Carbonic acid gas and other atmospheric impurities are especially hurtful to her, as is shown by the ease with which she faints when she finds herself in church, theatre, or other impure air. She should take plenty of deep breaths of pure air in the morning after her bath, and, unless she is taking as usual her horse exercise or playing tennis, or besides this, she

should do some or all of those exercises once or twice a day. They should be done at morning or evening in the dressing-gown :—

1. Stand erect. Move the body backwards and forwards without bending the knees or lifting the heels.
2. Stand erect. Bend body from side to side.
3. Stand erect. Put hands on hips, and bend trunk and hips slowly forwards and backwards.
4. Recline on back, and, with or without dumbbells, move arms forwards, upwards, outwards, and downwards.
5. Recline on back with arms above head grasping a ruler, and take very deep breaths, counting four slowly during inspiration.

Going up-stairs is capital exercise. The skirt should be short enough to allow of its being done easily. Take a long breath at the bottom of the flight, and repeat it slowly at the top. Keep the mouth shut in all gymnastic exercises.

Going up-hill is also excellent exercise, as also is a game at ball.

V. General Hygiene.—Early to bed and early to rise is the golden rule for all seasons of life. Too much time should not be spent in bed, which should be a mattress, and the coverings should not be too many or too heavy. Sufficient rest should be taken,

and a regular daily siesta—a real lying down and taking a nap—is very advisable.

Freedom from anxiety, where possible, is very important. Husbands will do well to keep any business worries to themselves till all is over. The surroundings should be as congenial as possible, and everything should be done to make life pass as smoothly as possible. There should be plenty of interesting occupation, and some regular intellectual effort should certainly be made—as the learning of a foreign language or solving mathematical problems. The mind should be trained and used just as the body is; but of course the work should not be too hard, and no excessive physical or mental strain should be allowed. There are women who feel so well during pregnancy that they seem able to undertake anything they may wish to do; they will strain every nerve to accomplish something, if only the putting of their house in order, the preparing of their own and their children's clothes before the “great event” comes off. But such persons always suffer eventually for the effort, and their babies may suffer too. It is the duty of an affectionate husband to dissuade his wife from imprudence at such a time, and to shield her from all things hurtful.

No condemnation can be too strong for the “society mother,” who persists in her ordinary course of dissipation and frivolity at this serious time.

CHAPTER VI.

DISORDERS AND DISEASES OF PREGNANCY.

It is not to be supposed that every pregnant woman will suffer from all, or even from any, of the disorders and diseases which will be hereafter described. Pregnancy, as we have before said, is a perfectly natural condition, and ought to be attended with little more than occasional inconvenience and *malaise*, as long at least as the dictates of Nature are obeyed and a rational life led. It is only in proportion as Nature has been defied and the rules of health set at naught that a fairly healthy young woman suffers from real inconvenience or disablement at that time; and indeed she generally meets only with her deserts. Nature cannot be defied. Vanity, or idleness, or ignorance, or recklessness must in the physiological world be paid for to the uttermost farthing.

It is often the case, in fact, that a woman's general health, which, since her marriage has been delicate, improves greatly at the onset of pregnancy. I myself have frequently been told by patients pregnant for the first time, "I never felt better in my life;" but this is unfortunately not universal. Our mode of life is so

unphysiological that few women can enjoy undisturbed health through this important period, such as their savage sisters enjoy in far-off lands, where late hours, tight-lacing, and nervous prostration are unknown ills. Only the simplest disorders of pregnancy will be dealt with here; anything beyond needs medical advice *at once*. There are many people, both men and women, who, on reading of sickness and suffering, begin to fancy themselves afflicted with what they read of. To such I would say, "If you are on the whole in good health, if you are conscious of nothing particularly wrong with you, *pass over this chapter*; you do not need it, and my knowledge of human nature leads me to think that you will probably get more harm than good from it." Jerome K. Jerome was hardly exaggerating in his amusing book, "Three Men in a Boat," when he wrote of the man who, after reading a medical treatise, fancied himself suffering from every complaint therein described except a "Housemaid's Knee!"

I. Excessive Vomiting.—The slight sickness which is common to many pregnancies assumes in some cases large proportions. Instead of ceasing after food has been taken in the morning, it may continue all day, all food that is taken being returned. Generally morning sickness disappears at the beginning of the fourth month, but it may persist to the end of pregnancy, and in rare cases it may be so serious and persistent, and may so much reduce the patient's strength, that

labour may have to be brought about before its due time. A miscarriage even may be caused.

If there has been no occurrence of sickness till late in the pregnancy, say the last two or three months, medical advice should at once be sought, as there is danger of a premature delivery.

In treating this ailment, the first consideration must be that the bowels should be kept thoroughly and freely open. This is best done by giving a large enema of hot water (1-2 quarts), or, if the patient can take it, a full dose of some mineral water with two-thirds of a glass of hot water, administered while lying down in bed. Liquorice-powder or a couple of rhubarb-pills may be taken. Great relief is sometimes given by a mustard-leaf at the pit of the stomach; a hot sitz bath may be taken with advantage, and a warm vaginal injection may sometimes relieve.

No patient in this case should rise from bed in the morning without having taken some warm easily digested food, as a cup of warm milk or cocoa, or, if preferred, tea, with or without a piece of bread and butter. If an hour after taking this the feeling of nausea should persist, the patient should lie still, and make no effort to dress. Small half-teacupfuls (2-3 tablespoonfuls) of food may be given every hour. I myself generally order arrowroot or cornflour and milk, made smooth and thin, with or without sugar, as preferred. This must be taken warm or hot, and should constitute the only food for the time. A tablespoonful of milk

and lime-water taken every hour is sometimes very efficacious. Sometimes nothing gives so much relief as fruit, which the patient may take at pleasure. Occasionally iced things are more successful than hot; lumps of ice may be sucked.

In the way of treatment by drugs, five drops of tincture of iodine in water are sometimes very efficacious.

In any case, however severe and unpleasant this vomiting, the patient may take courage and nerve herself to bear it; it will probably cease before long, for only in the smallest proportion of cases does it continue beyond the fifth month, and there is usually an end of it with the fourth.

II. Heartburn and Flatulence.—Heartburn is one of the earlier disorders of pregnancy, and is sometimes very distressing. There is a hot acid taste seemingly at the back of the throat. Usually it disappears with the sickness at the end of the fourth month. It is often accompanied by eructation (or bringing up) of wind, which may taste acrid or bitter, or an acid fluid may come up into the mouth. Here the most careful diet is necessary. All such things as tend to produce acidity or flatulence must be avoided—pastry, and all foods containing starch or fats. Fruit, whole-meal bread, milk, eggs, and very light meat, as fish or boiled mutton, should be taken. A meal may be avoided altogether if it seems to cause the sickness. Hot-

water lemonade, made with fresh lemons, and non-effervescing, charcoal biscuits or charcoal powder in water, are excellent remedies. A small quantity of carbonate of soda (as much as will lie on a sixpence) may be taken with water, and a teaspoonful of sal-volatile may be mixed in it, or lime-water or fluid magnesia, with or without lemon-juice, or ordinary soda-water may be tried.

Closely allied to heartburn is an excessive secretion of saliva, called *salivation*. The treatment for this is very similar.

III. Excessive Appetite. — Occasionally pregnant women suffer from a great appetite, which is never satisfied. They are always hungry. No sooner is one meal finished than they are ready for another. This is popularly felt to be a sign of good health, and friends encourage the patient to eat, for they say her strength must be maintained, and a craving for food shows that there is a real need for it. Many women, therefore, become stout and flabby during pregnancy, and add considerably to their weight. It is impossible that so large a quantity of food can be properly assimilated, and it is absorbed to form degenerate and useless tissue, *i.e.*, fat. A thoroughly bad condition is thus brought about, besides the inconvenience of being stout and heavy, a state which may require a long time for its removal.

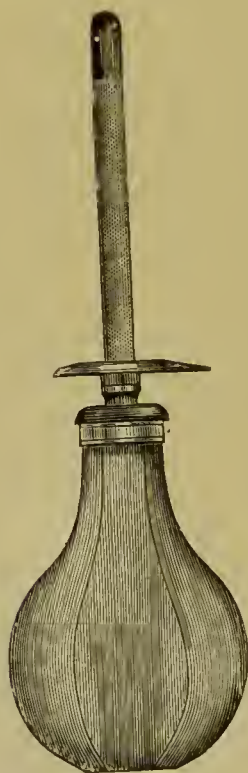
The treatment for excessive appetite is a moral one.

The patient must deny herself. She should sternly refuse food except at her regular meal-times. It will relieve the craving to drink a little water, hot or cold, or the mind may be diverted by taking a brisk walk or doing some interesting work. The craving may be very severe, but the refusal to yield to it is both possible and profitable. Some patients, again, feel that they must eat enormously at meals. This is very undesirable. Pregnant women should live moderately and plainly, observing as far as possible their ordinary custom when not pregnant.

IV. Loss of Appetite.—An intense loathing for food is sometimes felt during pregnancy, or there may be only a lack of desire for it. This is a far more serious symptom than excessive appetite. It may be almost impossible to induce the woman to eat at all. This may arise from fear of being sick, and here the treatment should be pursued laid down under the head of *Vomiting* (Sec. I.). Care should be taken that all food should be tasty and appetising, and set daintily before the patient. Many women do not care to eat while their husbands are away from them; these should endeavour to get some pleasant friend or relation to relieve the solitude of their meals.

If the distaste for food be very marked, almost indeed amounting to loathing, then a liquid diet of very concentrated foods must be administered, and the patient *must* be induced to take it. A very good form

of nourishment is the yolk of eggs mixed with boiling milk, soup, or cocoa in very small quantities, say 2-4 yolks of eggs with enough liquid to make one teacupful.



BALL SYRINGE.

If the taste of the egg be very much disliked, it can be well disguised by putting wine into the milk or using highly-flavoured soup. If the patient refusing food

seems to be losing strength, recourse may be had to nutrient enemata.

Such enemata are best administered by means of a ball syringe (see Fig.), which should be of the capacity of four ounces (eight tablespoonfuls). Beef-tea, eggs, and milk are the usual component of a nutrient enema. An ordinary enema would be beef-tea, and an egg beaten up with it. This should be warmed to about the temperature of the body (98°), and if the patient be much exhausted, a tablespoonful of brandy may be added. The tube of the syringe must be oiled, and pushed high up the intestine, and the fluid very slowly injected into the bowel. This may be repeated every six hours, or it may be alternated with milk. When taking nourishment in this way, the patient should spend most of her time lying down, that she may conserve her strength. Sometimes change of air and scene is very useful in promoting appetite. Luckily such cases are rare.

V. Toothache and Faceache.—Pregnancy makes great demands upon the teeth, and often causes them to decay by absorbing the lime in their composition. Women often begin troubles with their teeth at the term of pregnancy. Nothing is more wearing than this pain, and it would be well if every young woman, when she finds herself in the family-way, would pay a visit to her dentist and have her teeth thoroughly examined and put to rights. If nothing is wrong

with them, so much the better; but if anything be wrong, much trouble will be saved by mending it in time.

Often the teeth decay very fast during pregnancy. but often there is pain in the face that cannot be traced to any faulty tooth; this is due to the increased irritability of the nervous system, which is one of the conditions of the time. The pain may be very intense, causing sleeplessness and great distraction. Nothing here in my experience affords so much relief as antipyrin, in 10-15 gr. doses, which may be taken with half a teaspoonful of sal-volatile, and the dose repeated in half an hour if relief is not obtained. Generally it acts like a charm, removing the pain in five or ten minutes. It is, however, easy to understand that a substance which can do this must be a very powerful drug, and it will be best, if possible, to have medical advice before using it. Antipyrin acts well also when the pain arises from disease of a tooth. Phenacetin (10 gr.) acts similarly, but rather more slowly, and is more difficult to dissolve in water. It can, however, be easily dissolved in hot whisky and water. Painting the gums or the painful tooth with equal parts of tincture of iodine and tincture of aconite is also very soothing, as also is rubbing the cheek with aconite liniment; care should be taken that none of the liniment runs into the eye. A hot fomentation after the rubbing will often ensure a good night's rest. Attention should also be paid to the general

health; a tonic will probably be very beneficial. Iron and quinine may be taken, or iron alone, as in the form of Flitwick water, half a wine-glassful twice a day. Beef and iron wine is a very good tonic preparation.

VI. Constipation, Costiveness, Confined Bowels.

—This is one of the commonest disorders of pregnancy, women who have never suffered from it before suffering very often while they are in the “family-way.” We cannot altogether wonder at this, for the bowels are then pressed upon by an ever-increasing heavy mass, to which they are totally unaccustomed, and for which they are quite unprepared. But it is of the highest importance that they should be kept acting regularly—that is, that there should be one sufficient action every day. No person can be well, in any real sense of the word, who suffers from constipation, for it is really the retention within the body of injurious matter which should be got rid of. This is even truer of pregnant women than of ordinary persons, for the former must be considered as permanently on the border-land, the debatable ground between health and sickness. Pregnancy is of course a perfectly natural condition—a complex physiological process; still to each individual woman it is a new thing, and it is of urgent necessity that all normal functions should be carried on as usual as far as may be, and the function of the bowels is perhaps the most

important of all. Every other disorder of pregnancy may be said to depend on it. The body, though composed of so many parts and organs, is so essentially one, that it is only natural that when a large and extended part like the bowels (intestinal canal) is at fault, no other organ can be working quite harmoniously. Various aches and pains of limbs and back and head, neuralgia, &c., are all mitigated, and in many cases removed, by free evacuation of the bowels. Swollen legs, varicose veins in any part of the body, sickness, drowsiness, and many other minor ills, come under the head of constipation; and so, too, as we shall see, does the apparently opposite action—diarrhœa. Attention to this point materially assists in promoting comfort and well-being during pregnancy; and further, it is of the greatest moment in ensuring an easy and safe delivery and a rapid convalescence. Most of the “false” pains and causeless alarms experienced at the end of pregnancy are caused by confined bowels. We have surely said enough to make any ordinarily intelligent woman resolve that, so far as any conduct of her own can affect the matter, she will not suffer from constipation. Much indeed can be done to prevent and alleviate it. Diet should first be considered. Very often oatmeal-porridge for breakfast, particularly if taken with brown sugar, is very helpful. Coffee is better than tea for breakfast, and really coffee with a good deal of chicory, such as the so-called French coffee, is better than pure coffee. Whole-meal bread

should be eaten rather than white bread, and eggs and raw milk should be avoided, though cooked milk is said to have no constipating effect. All kinds of stewed fruit, dates, prunes, figs, apples, pears, are very beneficial, and so are most vegetables, potatoes always excepted. Raw fruit too is very good, and sometimes taken before breakfast, with a tumbler of hot water, will ensure a comfortable action of the bowels. Plain barley-water drunk at night often answers the purpose, or a hot sitz bath of temperature 100° – 110° taken daily for about twenty minutes, may bring about the desired result. To maintain the heat of the bath, boiling water may be kept in a can at the side of the bath and added from time to time. Whatever is done, either by diet or by other means, to relieve a present constipation, one rule must be observed. The bowels must be induced to act at the same time each day. It matters little what time this is; immediately after breakfast, or immediately before retiring to bed at night, are times which have much to recommend them; but whatever time is chosen, it should be adhered to day by day, that the bowels may get a regular habit. It is carelessness in following out this simple rule which is usually the starting-point of constipation. Just as one comes to desire food at regular intervals and feels sleepy at a certain hour, so one gets into the way of wishing that one's bowels should act at a definite time.

Supposing, however, that all one's efforts towards

establishing a regular daily habit are of no avail, it is an important question what should be done next. An excellent and very comfortable method of ensuring a speedy and sufficient action of the bowels is by a glycerine injection. This may be administered by an ordinary glass syringe, or by a syringe for the purpose



GLYCERINE SYRINGE.

(see illustration). The latter is a metal instrument with piston, and is fitted with a long curved tube about three or four inches in length. It is an improvement on the ordinary glass syringe, though in an emergency any kind of syringe may be used. The usual quantity injected is 1-2 teaspoonfuls of glycerine, with or

without the addition of an equal quantity of water. I should advise, at the beginning, the use of a teaspoonful of glycerine and another of water. If this has no effect, the glycerine may be tried without the water. When glycerine acts at all, it does so perfectly and pleasantly, but there are rare cases in which it causes severe pain, and its action is sometimes very uncertain, especially as regards time, taking place any time from five minutes to several hours after injection. Still it is very safe, and can be used repeatedly without causing any inconvenience, though I can hardly say that in my experience it has *cured* constipation—a power claimed for it some years ago. Glycerine is sometimes used in the form of suppositories; these are very convenient.

A certain and in many ways excellent method of obtaining an action of the bowels is by the use of an ordinary warm-water enema (temp. 80° – 90°). A little soap may be rubbed into the water if a more stimulating action is required; thin oatmeal-gruel may be injected instead of water, and sometimes 2–4 tablespoonfuls of olive-oil may be added, or half the quantity of castor-oil. For full instructions as to the administration of an injection see “A Book for Every Woman.”

The name and number of the remedies taken by the mouth for constipation is legion. The simplest and best in cases of simple uncomplicated constipation is cascara sagrada. This is taken either as a tabloid containing the dry extract, or as the liquid extract.

The dose of the tabloids is 1-2 at bedtime, and of the fluid, 15-20 drops in water. Its action is highly satisfactory, and it is often more efficacious in a small dose than a large one.

Compound liquorice-powder is a good and safe laxative, taken in 1-2 teaspoonfuls at bedtime or before breakfast. Each patient must decide for herself at what time it is best to take her dose. In some cases a dose at night will cause an easy action after breakfast; in others, it will create disturbance during the night; sometimes a dose taken early in the morning will act in an hour or two. The patient must decide what she will do. Liquorice-powder sometimes causes griping.

The old-fashioned castor-oil is good for occasional use, but its unpleasant taste is against it. It can, however, be given in capsules, which are perfectly tasteless, or it can be taken in the ordinary way without being tasted if great care is taken to wet the whole inner surface of the cup to the rim with the fluid in which the oil is to be taken, which is usually milk, peppermint-water, lemon-water, or some spirit and water.

The whole group of mineral waters—Hunyadi Janos, *Æsculap*, Friedrichshall—is very useful. Epsom and Carlsbad salts belong to the same class; the dose of these is one teaspoonful in three-quarters of a tumbler of hot water.

These should be taken before breakfast.

When there is a tendency to piles, confection of sulphur or confection of senna, or both mixed, may be taken; the dose is a teaspoonful.

Diarrhœa.—Generally speaking, diarrhœa may be defined as an effort of nature to get rid of something harmful from the intestinal canal. It is generally caused by some substance which irritates the bowel so that it contracts and expels its contents. This may act either directly on the bowel or indirectly through the nerve. In its commencement diarrhœa is generally salutary. It arises very often from the eating of something indigestible, and here of course it is distinctly curative; sometimes it arises from the irritation of retained fæces. Diarrhœa may persist as looseness of the bowels after the cause is removed; this condition, of course, requires quite different treatment from diarrhœa in its beginning.

A simple attack, arising clearly from some irritating cause, is characterised by more or less fluid motions, in colour either very dark or quite pale and greyish, of a very offensive smell, and accompanied by a good deal of wind and colicky pain. The tongue is furred, the breath foul, and there *may* be some sickness, though not frequently. It is clear that the proper treatment here is to assist Nature to get rid of the offending body, be it irritating food or fæces. Nothing is better for this than castor-oil, which is a simple evacuant. A tablespoonful of this should be taken with 5–10 drops

of laudanum to prevent griping. This will probably set matters straight, and the attack will be over in a day or two. Sometimes, however, after the acute attack has passed away a habit of frequent loose motions of the bowels ensues, or this looseness may prevail from the beginning, and there may be no definite acute attack. In both conditions great attention must be paid to diet. During an acute attack fluid food should be taken very sparingly and cold. Milk, or milk and water, or milk with lime-water should be drunk (one part of lime-water to three parts of milk). A very bland unirritating food is arrowroot, made rather thin with water, to which one or two teaspoonfuls of brandy may be added.

In diarrhœa of long standing, quite dry solid food taken without any fluid at all is very beneficial. The best diet for most of these cases is plain lightly-cooked meat with dry bread or toast, and perhaps a little rice : and, as a matter of fact, as opposed to general opinion, beef, say in the form of a tender steak, is really far more easily digested than what are usually considered more digestible food, such as fish or chicken. Generally speaking, in my experience, starchy foods are more difficult of digestion than animal : this applies also to milk.

For a fuller treatment of this subject see the chapter on Principles of Diet, in "A Book for Every Woman."

Hæmorrhoids or Piles are very common in preg-

nancy. Piles are of two kinds, internal and external. External piles are situated round the margin of the anus, and, unless they are inflamed, are of the same colour as the surrounding skin and are quite painless. Internal piles "come down" during an action of the bowels, and are soft, of a red colour, and usually bleed easily. They may remain down after the motion, and are then compressed tightly by the muscle of the anus, and become purplish (congested) in colour and painful.

Piles arise from anything that causes pressure on the veins of the rectum, such as constipation, pressure of the womb, and congestion of the liver. This last acts by causing delay in the passage of the blood from the veins of the rectum to that of the liver. Piles are thus not a purely *local* condition, certainly not *always* so, though in pregnancy this occurs more frequently than in other conditions. They often appear during the first month of pregnancy, and disappear after quickening has taken place.

By far the commonest cause of piles is habitual constipation, and as this is more common in pregnancy than in any other condition, so are piles; which provides us with another argument, if indeed one were needed, in favour of keeping the bowels regularly open. The symptoms of piles are burning and tingling round the anus, a feeling which is aggravated during defecation, especially if the motion passed be hard. A little blood may also come away at the time, and a soft

swelling protrude from the bowel, causing pain and discomfort, particularly on standing or walking about ; even sitting down is unpleasant. If the piles remain protruded for long, which when nipped tightly by the muscle of the anus they are very likely to do, there is a discharge of blood-stained mucus from their surface, which soils the linen worn by the patient. Another symptom of the presence of piles is that the patient will be inclined to pass water and to defecate more often than usual, owing to the irritation of the swollen body in the rectum. If hæmorrhage takes place, great relief will be afforded for a time ; but this, though slight, must not be allowed to take place, as frequent losses of blood, even in small quantities, exercise a very harmful effect in pregnancy, and medical advice must be sought at once.

As to the treatment of piles, some one says that nothing in the world produces so good and lasting an effect as a day or two of fasting, when nothing is taken but a little hot water or hot lemonade. There are, of course, many cases in which such Spartan treatment is not needed, but it sufficiently indicates the lines on which it is best to go. Really plain living and spare diet is the best treatment for piles. All heating things should be avoided, such as alcohol in any form ; coffee, eggs, and tea, except in very small quantities. Probably it would be better for many persons to adopt a purely vegetarian diet for a few days, taking as much fruit as possible. Grapes,

bananas, boiled rice, barley-broth with vegetables, stewed apples, dates, and prunes might be freely eaten. Figs should be avoided and milk taken only in small quantities. It is perhaps better to give up tea for the time, drinking only cocoa. Hot boiled water, or barley-water or lemonade, may be taken at pleasure.

Local treatment also must not be forgotten. If the piles protrude, they must be pushed up by a sponge, and then the parts carefully sponged with cold water. Hot water also is often found very beneficial, either in sponging or as an enema. A warm sitz bath will be a great comfort, or a cold compress may be kept applied. If the pain be severe and accompanied with hæmorrhage, an injection of a teaspoonful of tincture of hamamelis diluted with a double quantity of water will give great relief. This can be injected by means of the glycerine syringe, and the patient should lie down for half an hour.

A golden rule for *any* person subject to piles is this : establish a habit of the bowels acting *at night*, so that by retiring to rest immediately pain and discomfort may be avoided. If any aperient be taken, it should be taken at such a time as to allow of its taking effect at night. Each patient must decide this matter for herself, but the importance of this habit cannot be over-stated. In case of medicine being needed, confection of senna, confection of pepper, confection of sulphur, in equal parts, a teaspoonful to a dose, is, I believe, an excellent remedy, but very nasty. Com-

pound liquorice-powder, or sulphur lozenges, or cascara sagrada are very good; but all forms of aloes should be avoided (many pills contain them), as they act too much on the rectum.

If these simple methods do not give relief, medical advice should be sought without delay.

Leucorrhœa (the “Whites”).—Probably in every pregnant woman this complaint is present to a greater or less extent. The whole of the lower part of the body is more active than usual, and the mucus-forming glands naturally share in this activity. The discharge known as “the whites” is, as a rule, thick and creamy white, and not large in amount; where, however, it becomes excessive (a diaper having to be worn, or the general health becoming affected), then the natural or physiological bound has been overstepped, and the unnatural or pathological point has been reached. The cause of this is in many cases constitutional—that is, it occurs in those women who have been subject to a considerable loss at their monthly periods, and have perhaps suffered from a white discharge at various times. In such persons all the secretions seem to be increased by the fact of pregnancy; saliva is more profuse, and they perspire more freely. Leucorrhœa is caused also by retained masses of fæces in the rectum, or by too frequent sexual intercourse. It occurs, too, markedly in women who have borne children very quickly, and in whom the womb has therefore not had time to

regain its normal tone between one pregnancy and another.

The discharge is in character richly albuminoid, and therefore highly nutritious, and it causes a severe drain on the patient's strength. Moreover, if it persists long, it may conduce to the bringing on of miscarriage.

The treatment should begin with strict attention to general health; the bowels should be made to act regularly and thoroughly, and everything likely to cause irritation should be prevented.



HIGGINSON'S SYRINGE.

Warm sitz baths will be very helpful, and so also, by way of tonic, will be a warm douche, gradually cooler till cold, applied to the spine. The strictest personal cleanliness must be observed, and the affected parts should be bathed frequently. If the general health is poor, and the flesh flabby and pale, a tonic may be administered, but medical advice should be taken on this point.

If the discharge prove obstinate, and not to be cured by simple means, a vaginal injection must be given. This is done by the Higginson syringe (see Fig.). The

long tube which is with the syringe must be fitted on the ivory nozzle, and, after precautions have been taken to guard against the entrance of air, the long end must be inserted into the vagina. The injection should consist of about a quart of water, comfortably warm, not too hot or too cold, to which a teaspoonful of borax has been added. The syringing should be done very slowly, and should take about ten minutes. A piece of cotton-wool, about the thickness of two fingers, may be soaked with glycerine and worn in the vagina for several hours each day. It can be inserted with the help of the long nozzle, and a piece of crochet-cotton tied round the middle of it will facilitate its removal. On doing this, the discharge will be increased for a time, but will gradually be much diminished.

Pruritus of the Vulva—Irritation of the Private Parts.—Pregnant women are sometimes troubled with an intolerable itching about the entrance to the vagina. This is often caused by an irritating discharge from the vagina, or it may arise from dryness of the parts, or, again, nothing may be noticeable at all. In the last case, itching would seem to depend on some nervous action. It is most unbearable at night, when the patient gets warm in bed. She goes to sleep fairly comfortable, and is awoken by a violent itching of the vulva, which scratching or rubbing, or any touch, seems only to make worse.

In the treatment of this, the strictest cleanliness

must be observed, the affected parts being washed several times a day with borax and warm water or oatmeal and warm water, and dried very thoroughly with a soft rag or towel. A simple but very efficacious lotion is composed of a tablespoonful of borax dissolved in a pint of warm water, to which five drops of oil of peppermint have been added. This may be lightly "dabbed" on with a rag several times a day, and a saucerful of it may be kept at the bedside at night for use when required.

With those persons who suffer from abnormal dryness of the parts, ointments answer admirably. Vinolia cream, or an ointment composed of one ounce of vaseline to fifteen grains of quinine, act, both of them, excellently. With some patients Dec Oil is most efficacious. Sometimes, through much rubbing, the parts become very tender. In this case nothing does so much good as frequent fomentation with decoction of poppy-heads.

Swelling of the Legs.—This is usually the result of pressure on the veins of the body by the enlarged and heavy womb; it is therefore most often seen in the later months of pregnancy. Constipation aggravates it greatly, and for this, among all the other reasons, it is most necessary to keep the bowels thoroughly open. The swelling is, as a rule, hardly noticed on rising in the morning, but as the day wears on to night, it becomes worse, so that the patient

feels as if she must take off her shoes to obtain relief from the tightness of them. In slight cases the swelling affects only the instep and ankle; but it sometimes affects the whole leg, which is swollen to a considerable size. There is no redness or discolouration of the flesh, which indeed is rather whiter than usual, and when the distension is greatest the skin is often shiny and glistening. On pressing with the finger, the flesh is found to "pit" easily. There is no pain, unless the swelling be very extreme, but there is a sense of weight and weariness in the legs, which is very unpleasant, and causes disinclination to any exertion.

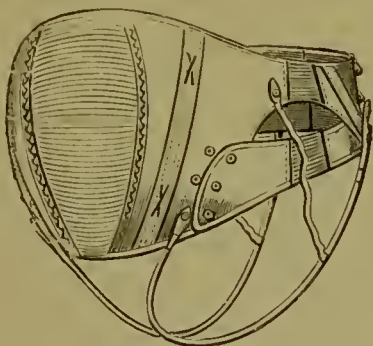
If the swelling persists, and does not go down in the morning, and there is present also some swelling of the face, while the patient notices that she passes a smaller quantity of urine than usual, it is probable that more is wrong than can be accounted for by simple pressure, and medical advice should be sought without delay.

To relieve this condition the bowels must be kept freely open, and nothing is better for this purpose than Epsom salts (1-2 teaspoonfuls in a tumbler of hot water), or a full dose of one of the mineral waters, so as to produce several watery evacuations. A spare bland diet, without alcohol, and an elevated position of the legs if possible, should be observed.

Great relief is afforded by hot sitz baths, and also by gentle rubbing upwards from the ankle to above

the knee, which assists the impeded venous circulation in its passage. It is often beneficial to support the abdomen by means of a well-fitting belt (see Fig.).

Varicose Veins are often associated with swollen legs. In an ordinary way there are often blue lines of veins marked on the legs, and in abnormal conditions these become swollen and painful. The vein-markings occur most commonly on the inner side of the thigh, leg, and ankle, and the external parts of



WELL-FITTING BELT.

the vulva. Veins become varicose often in one leg only. The treatment is practically similar to that for swollen legs, *i.e.*, free action of the bowels, hot sitz baths, elevation of the legs whenever possible, &c. It is also highly necessary that regular exercise should be taken, for muscular contraction is of the greatest use in promoting the return of venous blood from the lower limbs. A well-applied bandage—preferably of

india-rubber, three inches wide and five feet long—is a great relief. It should start from the foot, covering the ankle, and be wound evenly round the leg, each twist overlapping that below it, so that no space is left between. Where possible the bandage should be continued above the swelling. An elastic stocking, which is often useful, is not, in my opinion, so good as the india-rubber. Stocking or bandage can be obtained from any surgical instrument-maker, as Maw, Son, and Thompson, in Aldersgate Street, London, or Bailey & Co., in Oxford Street, or they can be ordered through a chemist. They are made in several sizes, and are of cotton or silk, the former being of course cheaper, but, as some consider, not so comfortable as silk. They should be taken off at night. A well-fitting abdominal belt will be found a great assistance here, and where the swelling, as is usual, affects one limb only, the patient should lie in bed *on* the affected side. This will give much relief by altering the position of the abdominal swelling.

As regards swelling on the vulva, sugar of lead lotion (plumbi subacetatis liquor, a teaspoonful to a small tumbler of water), to which has been added a couple of tablespoonfuls of some spirits of wine, is the best application. A rag or piece of lint should be dipped in the lotion and kept constantly applied, being fixed in its place by wearing a diaper. Bathing with very hot water or hot sitz baths are often useful. If the swelling is very large and the pain very great, rest

in the recumbent position must be taken, and the affected part fomented by decoction of poppy-heads. It is important to reduce this swelling, as it *may* interfere with the accomplishment of labour.

Varicose veins or swelling of the extremities are fortunately rare in pregnancy, especially in the case of young women. They may occur in ordinary conditions, and are most common in middle-aged women who are pregnant for the first time.

Pains in Side, Legs, Back—Cramp.—Many women know nothing of this trouble, but some suffer severely from it during several months of pregnancy. Cramp commonly affects the muscles of the calf, or there may be pain in the abdomen and back, violent, of a spasmodic character, seeming as it were to “draw the body double.” This pain is felt most commonly in the left side or back. It is caused by the pressure of the enlarged womb on certain nerves.

When in the calf of the leg, cramp is best relieved by bringing down the heel of the foot and pressing the sole upwards, thus stretching the calf-muscles. It is sometimes necessary to rub with the hand, or with some warm oil or soap liniment. When the attacks occur at night, they can be instantly relieved by jumping out of bed and standing flat on the floor.

When occurring in the body, the cramp-like pains are due probably to wind, irregular contraction of the intestines, which in its turn is caused usually by con-

stipation and dyspepsia. All such pains are worse towards the end of pregnancy, pressure being then greatest. They can be relieved by keeping the bowels quite regular, and following a plain simple dietary. The food should be eaten slowly without any admixture of fluid. During the attack half a teaspoonful of freshly ground ginger in hot water will give great relief, as also will a teaspoonful of sal-volatile in hot water. All pains of this kind are much diminished by hot sitz baths, hot fomentations, or a hot india-rubber bottle; a hot bran-bag applied to the region of pain will also do much good. When the pain is in the side, that side should be lain on at night, and an abdominal belt may be worn and kept on continually.

Palpitation and Faintness.—Both these symptoms are somewhat distressing, but they are happily rare, and when they do occur they need cause no alarm, being seldom serious. Palpitation of the heart, occurring for the first time in pregnancy, may be said *never* to indicate heart-disease. Here, as in most other minor disorders of this period of a woman's life, the trouble is due generally to indigestion, improper food having perhaps been put into the stomach, and in any case the treatment must consist largely of regulation of diet and the careful management of the bowels. During the attack a mustard-leaf or hot bran-bag applied over the region of the heart will give much relief, and sal-volatile or ginger may be taken internally.

Fainting Fits are apt to occur when a pregnant woman is in a crowded room or public place, or if she is forced to stand quite still for any length of time. It is very trying to most people to stand still without doing anything, and when in this condition it is doubly so.

In pregnancy the blood is more watery than in ordinary circumstances; it contains less albumen. The heart has then more work than usual to do—more work indeed than sometimes it is able for. From these two causes insufficient blood is sent to the head, and a fainting fit or attack of faintness is the result. It is, however, uncommon in robust women, and in those who have not before suffered from attacks of faintness.

As regards treatment of a fainting fit, if a patient is conscious that she is going to faint, and it should be impossible for her to lie down, she should at once put her head down between her knees, and maintain this position until she feels her face become quite flushed and hot; if possible, she should then get into the open air. During a faint the windows should be thrown open, the clothes of the patient loosened, and the recumbent posture maintained, while ammonia should be given to inhale. For general treatment of those subject to attacks of faintness, perhaps fresh air and exercise come first in importance; then a suitable nourishing diet—perhaps more abundant than has hitherto been the case. Food should be taken

at regular intervals; the bowels should be made to act regularly, and an iron tonic, such as Flitwick water, may be taken. Change of air is often beneficial.

Headache is not a common disorder of pregnancy. It may arise from constipation, or from neuralgia, or from more serious causes. To relieve it, the bowels should be made to act thoroughly, and the feet may be put into hot water, or a mustard-leaf applied to the nape of the neck. A recumbent position should be maintained during the attack, and hot fomentations or eau-de-Cologne, or pieces of ice in a sponge-bag, may be applied to the region of the pain. If the headache be very severe, and no relief be obtained from any of these methods, the doctor should be sent for as soon as possible.

Sleeplessness is apt to be a troublesome symptom late on in pregnancy; it is one which causes great worry and vexation to the sufferer. There is nothing that so overwhelms and upsets an habitually good sleeper as the loss of several hours of rest during several consecutive nights. As night approaches they fume and fret, and dread to go to bed—in fact, they work themselves up into the very worst state of mind possible for natural sleep to come to them. This is true of ordinary cases—much more so then of a woman in a pregnant condition, when the increasing weight of the abdomen,

and the difficulty of assuming a comfortable position in bed, and the often disturbing movements of the child, are added to the mental excitement. The methods of relieving this condition are very numerous, and one will be efficacious in one case, and another in another. Sometimes the evening meal is taken too early, and is of too light a character. Here a cup of hot milk, or milk and water, or milk thickened with one of the infants' foods, may be taken with very good effects after getting into bed. Sometimes the reverse is the cause of sleeplessness—a meal taken too late, and of too heavy a nature. Here the cure is obvious. A warm bath before retiring to rest soothes some persons greatly, but others it will keep awake; in their case bathing the legs and feet with cold water is often effectual.

Some persons can read a light and not too exciting book until a feeling of sleepiness supervenes. There are many old recipes for inducing oblivion: to count to a million, to repeat poetry, to say some single sentence over and over again, till monotony induces drowsiness, to fix the eye on some object at the bottom of the bed, so that the eyeballs are rolled downwards, or on some object near the ceiling, so that they are rolled upwards—all these acts of faith have their believers; one thing only is certain, that if the sleepless one can only bring herself to believe that it is not of the slightest consequence whether she gets to sleep or not, it will not be long before she is in the land "of

dreams." In all cases of sleeplessness, the general health must receive most careful attention.

No narcotic whatever should be taken, except under medical advice ; but in exceptional circumstances, little or no harm will be done by a dose of sulphonal, 5 to 10 grains in half a tumbler of very hot water, after having got into bed. Sometimes people go to sleep well enough, but wake after three or four hours' sleep, and find great difficulty in going off again. Nothing is so good for such patients as some *hot* drink when they wake. Whether it be hot soup, hot milk, hot barley-water, or hot coffee, matters very little. They may have what suits them best, only it should be hot.

Excessive Movements of the Child.—These are sometimes very troublesome, and cause great discomfort in the last months of pregnancy ; sickness, sleeplessness, and anxiety of mind may result to such an extent that the doctor's advice should be sought. In slighter cases, when this is hardly necessary, relief may be obtained by long abstinence from food, or from a well-fitting abdominal belt, or from hot fomentations applied to the abdomen. Hot sitz baths have sometimes an excellent effect.

Affections of the Bladder.—It is only natural that the bladder should sympathise with the changes that are taking place in its immediate neighbourhood, and

though many women pass through the whole period without experiencing any inconvenience, a sufficient number suffer discomfort for a few observations on the subject to be in their proper place here.

Sometimes in the earlier months of pregnancy difficulty is felt in passing water. The effort has to be continued for a long time, or several times repeated before there is any success. When the water does pass, it does so in considerable quantities. As a rule, more water is passed during pregnancy than at other times, and if, after a period of six hours or so, there is much straining, resulting, perhaps, in the passage of a few drops only, the doctor should be sent for without delay. It is a safe rule never to let more than six hours pass without emptying the bladder thoroughly. A warm bath will often make everything right, or a hot fomentation may be applied to the vulva. There is great sympathy between the bladder and the rectum, and if any constipation be present, it should at once be removed by a dose of Epsom salts, or of some mineral water, or by a simple enema. The bladder will often act as soon as the bowels do so.

At any time during pregnancy a woman may have a very frequent desire to pass water, and to a moderate extent this frequency is not to be wondered at, for the capacity of the bladder is naturally diminished, and the quantity of water secreted is certainly larger. This desire or irritability is occasionally caused by an

irritating property in the water itself, and it may be painful to the external parts after it has passed. In such cases it will be noticed to be very high coloured, and on cooling to deposit a red cloud. The proper treatment here is to make the urine less concentrated and irritating by a very simple diet; no alcohol should be taken; barley-water should be drunk freely, or freshly-made weak tea, or plain distilled water. Coffee, pastry, cheese, salt-fish, very acid fruits, such as rhubarb or plums, should be avoided.

Late in pregnancy, a patient may find that any slight exertion, such as standing, coughing, or sneezing, causes her to pass water. This is a sign of pressure, and it is generally entirely relieved by a well-fitting abdominal belt.

In conclusion, as regards any affection of the bladder, it is a very important matter. It should never be neglected—medical advice should not be postponed; the ailment may be “gone to-morrow,” but it may not, and it is far better to be considered tiresome and fussy than to be too late in sending for the doctor. One can easily be too late—one can hardly be too early.

Inconvenience from Size.—Hardly any real inconvenience is felt in a first pregnancy from size; it is marked only after several children have been borne, and usually when they have followed each other in quick succession.

Stays are of no use here. They only make matters worse. To wear a tightly-fitting abdominal belt is the only thing possible, for this raises the abdomen instead of pushing it farther down, as is the way with stays.

A very good belt, for those who can afford it, is made by Bailey & Co., Oxford Street (see Fig., p. 61), but any good needle-woman could make one for herself at a trifling cost, with very little trouble. It should be made of *sarc*, which should be used double, and have pieces of whalebone put in at frequent intervals; it may fasten either in front or at the side with elastic bands and buckles.

CHAPTER VII.

MISCARRIAGE AND PREMATURE CONFINEMENT.

By miscarriage or abortion is understood the expulsion of the foetus any time from conception to the end of the sixth month; anything occurring after this date is called a premature confinement. It is impossible to over-estimate the importance of avoiding miscarriage. It may lay the foundation of future ill-health and physical suffering, and many marriages which began happily are blighted and end in sadness owing to the suffering caused by wearisome disease of the womb brought on by abortion. A miscarriage is far worse to bear than a confinement, not always because of the pain of it, though that is sometimes very severe, but on account of the resulting weakness and the great length of time that elapses before the health is re-established.

Miscarriages are very common. One observer found that of sixty-four married women only eight had never miscarried. He found also that the most common date for its occurrence was during the third month of pregnancy, 8-12 weeks after conception. Another ordinary date is that when the first monthly period after con-

ception should take place. Women notice often that after marriage their monthly period is delayed a week or two, and then comes very profusely, accompanied by considerable pain and the passing of clots. This may happen several times without any special attention being paid to it, the patient thinking it only an irregular monthly period. Yet this is clearly a miscarriage, and it is often followed by symptoms of ill-health. If, after her marriage, a woman previously of quite regular habit, both as regards time and loss, suffers longer interval than usual between her periods, and they take place with much pain and the passing of clotted matter, then it may safely be assumed that she has miscarried. It is most important to recognise this fact and act accordingly. Timely precautions will do much to avert serious trouble later on. It is distinctly a case of "a stitch in time saving nine."

The causes of miscarriage are many and varied, but it is sometimes difficult, if not impossible, to ascertain the *real* cause, though the *apparent* cause may be obvious. That which produces abortion in one person will not do so in another. There is a case on record of a brutal peasant, who, feeling much annoyance at the prospect of an addition to his family, took his wife behind him on horseback for a violent gallop, and then without warning threw her suddenly to the ground without slackening speed. This abominable process he repeated several times, and the result was only that the poor woman endured safely to the end of her pregnancy,

and was duly delivered of the undesired infant. Yet in some instances the mere raising of the arms to the head will apparently cause miscarriage. Here, as in most other matters of life, "one may steal a horse and another cannot look over the hedge" without consequent suffering. Anything that so far affects the well-being of the child as to cause its death will induce miscarriage. Thus:—

1. *Profuse bleeding* from the nose or from a wound will do so ; or

2. *Deficient nourishment*, as in times of famine.

3. *Poorness* or insufficiency of the *blood* to nourish the growing child may cause abortion in very stout women.

4. *Attacks of fever*, when the infant may die asphyxiated from excessive temperature, or from the direct action of the poison of infectious disorders acting on the foetus itself. For instance, if a pregnant woman catch smallpox, miscarriage almost invariably follows, and the child is found to be covered with pustules. In regions where malaria (ague) is very common miscarriages are frequent, and the cause is generally considered to be anæmia (poorness of blood), so that the child is badly nourished.

5. *Previous disease of the womb*.—This will have been shown by discharge of some long-standing, dragging pain in the back, and bearing-down pain.

6. *Excessive indulgence in the sexual act*.—This is one of the commonest causes of abortion in young married women.

7. *Tight-lacing*, by which pressure is so placed upon the blood-vessels that the child does not get its due amount of nourishment, by which the womb is unable to rise as it needs, and in consequence of which it is forced to expel its contents.

8. *Smallness of the pelvis*.—This acts in a similar way to tight-lacing, but in this case the resulting miscarriage is only a serious misfortune, in the other it is a terrible fault.

9. *Habit*.—When a woman has once miscarried she is very likely to do so again, having reached the moment in her pregnancy when the accident took place before. Of this the following is a very marked instance. A young married woman in New York some years ago found herself to be in the family-way, and resented it, as putting a stop both to her work and her pleasure. She caused abortion to be brought about when three months pregnant, and has since been many times pregnant, and has invariably miscarried at three months. When young, she was an extremely strong woman, but her health is now slowly but surely giving way. Numberless instances could be given of women who have been unable to carry their children beyond the point at which abortion first took place, and this even when the cause was an accident, such as a fall or a blow, or an acute illness, which is not likely to be repeated. All these are predisposing causes of miscarriage—the direct exciting cause is congestion of the womb. Thus the times for re-

currence of the monthly periods are always critical, especially the earlier ones, before the womb has, as it were, grown accustomed to retaining its contents for a time, instead of getting rid of them at once. Vomiting and straining at stool come under the head of exciting causes, though apparently both *may* occur with impunity in healthy women. There is a case of a lady who, when three months pregnant, started on a voyage in a sailing vessel to New Zealand, and was so ill from sea-sickness that the ship's doctor almost despaired of her life ; but she did not miscarry. The vomiting of pregnancy has hardly ever been known to produce miscarriage, and quite severe attacks of diarrhoea, causing violent straining, have usually no deleterious effect.

Railway journeys and violent exercise may, by detaching the foetus from the walls of the womb, bring on miscarriage. *Anything that causes contraction of the womb* may cause it. We know that putting the child to the breast after delivery helps the uterine to contract ; so, if a woman is nursing her baby and becomes pregnant, she is quite likely to miscarry. Hence the practice of weaning the first as soon as it is known that a second child is coming.

A shock or fright may cause miscarriage.

It is necessary to repeat, that although women in the family-way should avoid self-indulgence or any kind of pampering of themselves, they should take every *reasonable* care of their health, and, for instance,

unless duty calls imperatively, they should not visit cases of infectious disease, or expose themselves to probable danger or alarm. Many persons say that at such a time they should not assist at a confinement, lest miscarriage be brought on; but although this may happen occasionally when there is a marked predisposition to abortion, we know that midwives habitually pursue their ordinary calling while pregnant themselves, and no evil result follows. This is true of all women, work-factory hands and Lancashire pit-women pursuing their ordinary daily round until close to their delivery without bad consequences. There are many well-authenticated cases of women who, when in this condition, have for some reason undertaken their husband's work, often of a very arduous kind, and yet have suffered no harm, or even have derived good from the unusual exercise by having easier confinements than usual. There is a story of a woman whose husband kept a store about two miles from their house. He became seriously ill and unable to attend to his business, and his wife, then pregnant, in spite of the warnings and prophecies of all their friends, walked to and from his shop daily, and stood about all day long day after day doing the necessary work, and was finally delivered of a healthy child with less trouble than ordinary. She declared too that throughout her pregnancy she had never felt so well in her life. Tales of this kind could be multiplied indefinitely, but this may suffice. The time, we may be thankful,

has gone by for treating a woman during pregnancy as if she were a piece of egg-shell china, instead of a normal muscular human being performing a normal healthy function.

On Inducing Miscarriage.—A few words may not be out of place here on the subject of taking drugs or employing instrumental means to produce abortion. This, in a word, is *murder*, and it is a mother who murders her child. It is murder at whatever moment during pregnancy the abortion takes place, for although an infant is only considered viable in law after six months, there is no question that from the beginning it is a living thing, with infinite possibilities before it, and it has as much right to its life as the mother has to hers. Taking a lower ground also, abortion is a process that can be induced only at great risk to the mother's health and life. The taking of powerful purgatives or other drugs, and the tampering with the womb by means of instruments, are *excessively* dangerous, and many lives have been lost from these causes.

It may be a matter of opinion whether conception should be prevented, but there can be no doubt, even from physical reasons alone, that, when it has once taken place, it should fulfil itself. A higher view of humanity, a nobler conception of womanhood, a clearer understanding of the sacredness of motherhood will, we trust, as time goes on, so far prevail among us

that the crime of deliberate abortion will become extinct.

Symptoms of Miscarriage.—A miscarriage *may* be only threatening, and may be averted by judicious treatment.

1. *Pain in the back* is the first sign by which a pregnant woman learns that she must lay up for a time. The pain will probably be accompanied by some slight discharge of blood from the vagina and colicky pain in the abdomen.

2. If the pain in the back be followed by the discharge of bright red blood and clots, accompanied by expulsive efforts of the womb (marked by pains in the lower part of the abdomen of a rhythmical contracting nature), then miscarriage may be considered inevitable, although there are instances of its having been even at this point averted. Whatever is discharged from the womb should be saved for the doctor to see; it should be put into some colourless disinfectant and kept for him. In case, however, of the doctor being too far away, some slight description of what is passed will be of much use. At the third month of pregnancy the foetus is about five inches long, and lies doubled up in the uterus in a bag of fluid; there is a cord connecting its body with a thickened mass at one side of this bag; this mass is called the placenta or after-birth. The whole ovum, that is, child, fluid, membranes, and placenta, may come away

in a mass, and this is nearly always the case in a miscarriage which occurs before three months have elapsed. They may, however, come away separately. The chief danger of a miscarriage is lest all should not come away, and lest that which is left should decompose and cause blood-poisoning. If, therefore, the discharge of blood should not entirely cease after a week or two, but should recommence whenever the patient tries to get up, then, if he has not been summoned before, the doctor should certainly be sent for without further delay.

Treatment of Threatened Abortion.—At the first sign of any hæmorrhage, however slight, the patient should take to her bed and remain there till all back-ache, colic, and hæmorrhage have ceased. She should take light unstimulating food, such as fish, lightly-cooked rabbit or chicken, with milk and broth. Coffee should be avoided and very little tea be drunk. Often an absolutely dry diet is most pleasant, as being easier of digestion and less apt to cause wind.

The bowels should not be allowed to get really confined, and it will be best to keep them open with the glycerine enema.

Great patience is needed in the treatment of a threatened miscarriage. It may be that a woman will be compelled, if she wishes to carry her child to her full term, to lie down for weeks, and even months; but she will be wise to do so for her own sake and

that of her child's. As long as any discharge continues, the recumbent position must be maintained, and resorted to again if it recurs on moving about at all.

Treatment of Inevitable Miscarriage.—Rest in bed is the chief curative agent here, and care must be taken to see that everything comes away. The pain can be relieved by hot fomentations, or a hot sitz bath may be taken. When everything has come away the discharge rapidly decreases, or it may entirely cease from the moment that the womb has expelled its contents. More commonly, however, it persists for a few days, gradually becoming colourless, and is liable to become red in colour on any exertion being taken. When this is the case, the patient should continue to rest in bed, and the doctor should be consulted, as it is probable that the womb is not yet completely emptied. Rest in bed, in fact, for a week or ten days is imperative; the evils that arise from getting up too soon after miscarriage are endless.

Treatment of Persons Liable to Miscarry, (a.) before becoming pregnant, (b.) after becoming pregnant.

(a.) *Before pregnancy.*—If a person shows a decided tendency to miscarry, great care should be paid to the general health, and every means should be taken to brace up the system, as by change of air, especially

to the seaside, and sea-bathing. A cold bath should be taken every morning, with some gymnastic exercise following it. She should sleep on a mattress, and the bed coverings should be light and not too warm. Eight hours in bed is quite long enough in such a case. The bowels should be made to act regularly, and the diet should be simple and digestible. The clothing should be light and warm—plenty of air and exercise should be taken; of the latter, walking is better than riding. When one miscarriage has occurred, there should be no possibility of another for three months at least. Conception is very likely to occur immediately after miscarriage, and the uterus is not then in a fit condition to allow of it, so that a second accident is highly probable, and a habit of miscarriage is very difficult to break.

(b.) *Treatment after pregnancy has begun.*—Complete rest should be taken for a few days at the time when the monthly period would, in an ordinary way, take place. Rest should especially be taken at the moment in the pregnancy when the last mishap occurred. Everything that has been mentioned as likely to cause it must be avoided; change of air and scene, some bright healthy place being chosen, is most beneficial. It is imperatively necessary at the time that the patient should sleep alone.

Premature Confinement, or delivery during the sixth, seventh, or eighth month. The rules here to be

observed are very similar to those for a proper confinement. If the child be born alive, it will need most careful attention, or it will die. For days no washing of it should be attempted, and it must be wrapped in cotton-wool and *kept warm*, either in bed with the mother, or in a basket surrounded with hot bottles. Children are seldom born alive before the expiration of the seventh month, but cases are known where they have lived. In one notable instance the baby was kept alive by two persons lying one on either side of it for days, and so maintaining the needful heat, which indeed is the most important point. If it be unable to suck, a little milk and water or mother's milk must be given to it in a spoon, a very small quantity at a time, say two teaspoonfuls every three or four hours. It will sleep steadily, and it is doubtful whether food does it much good.

CHAPTER VIII.

ON FIXING THE DATE OF CONFINEMENT.

It is absolutely impossible to foretell to an hour or a day when labour will begin, that is, when the child will begin to be born. The utmost we can do is to calculate it approximately. This is done in various ways, reckoning always from the last monthly period. The simplest method, rather rough, but perhaps as good as any, is this :—

Take the date of the last time of being unwell ; add to it seven days ; reckon back three months, that is the probable date of confinement. For example, a patient's last monthly period began November 7 ; add to this seven days, making November 14 ; reckon back three months, October, September, August, and the probable date is the 14th of August.

Again, date of last period, March 29. Add 7. April 5 ; reckon back three months—the baby may be expected about January 5.

Another method, which some consider more accurate, is to fix the *last* day of the monthly period ; reckon forward nine months, and add five days, if February be among the nine months (it being the shortest month of

the year), or three days if February be not among them. The date found is to be calculated as the middle of the week, or more correctly of the fortnight, during which confinement will most likely take place. For example, a patient ceases to be unwell on November 12. (This date is similar to that in the first example; five days have been allowed for the period.) Count forward nine months, including February, this brings us to August 12; add five days, August 17. This then is the middle of the week, or the fortnight, during which the child may be looked for.

Again, let April 3 be the last day of being unwell; nine months forward bring us to January 3; add three days, the month of February not having been included, and January 6 is the middle of the probable week or fortnight.

The duration of pregnancy is 280 days, forty weeks from the date of conception; but all things human are variable, and naturally this varies too—of course within certain limits. This is not surprising, for even where a woman has had only one opportunity of conceiving, no one can tell when or where the male and female elements meet, and the growth of the child begins.

Exactly the same thing is found in the lower animals. It used to be thought that mares carried their foals eleven months, and cows their calves nine months, but a long series of observations of mares and cows has proved this to be an erroneous view. It was

found that the pregnancy of mares varied from 311 to 394 days, a difference of 83 days, or nearly twelve weeks between the longest and shortest duration. Similarly with cows, the limits observed have been 241 and 308 days, a difference of 67 days, or nearly ten weeks. Perplexed women then may find consolation in the fact that uncertainty in the duration of pregnancy is common throughout the whole animal kingdom. And this is true not only of pregnancy. All other functions vary with the individual. Different children cut their teeth at very different times; the rate of pulse and of respiration vary considerably in people. The time of life at which the monthly period begins in girls, what is called puberty for both sexes, may range between nine and twenty-two or three years of age, and may continue to any age from thirty-five to fifty-five years, or even later. The recurrence of catamenia (being unwell), too, differs greatly with the person; it occurs sometimes every fortnight, sometimes only once in six weeks, and the duration of the flow may be two or three days, or six or seven, according to particular habit. The uncertainty of the date of confinement, and the impossibility of ascertaining it exactly, though often very vexatious, need cause no surprise. Indeed, as the above methods of reckoning show quite plainly, we see that authorities cannot agree among themselves as to the precise length of pregnancy. If we call it 280 days, then it is more than nine calendar months, and we are allowing it to be ten lunar

months of four weeks each. Besides, a woman may conceive just before the occurrence of a monthly period, and as we count for convenience-sake from the end of the last period before, as usually happens, they cease, then the calculation is invalidated by three weeks at least. We have thought it advisable to deal with this matter with some fulness, as women are naturally desirous of knowing exactly when to expect their confinement, and can hardly understand why the doctor cannot give them this valuable information.

CHAPTER IX.

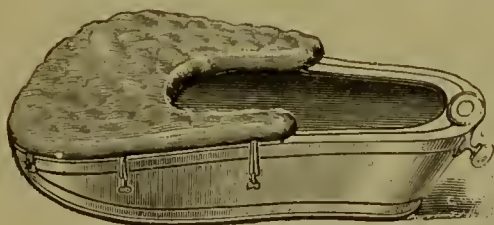
PREPARATIONS FOR CONFINEMENT.

Preliminary Preparations.—Of these, the chief are, first, to secure a doctor in time ; and, second, to have the nurse early enough. If possible, engage the nurse who is recommended by the doctor, as they will be accustomed to working together, and she is then most likely to be a good one ; but the patient should also see the nurse herself, as otherwise one may be engaged who is in some way antipathetic to her employer, and, with no fault on either side, it sometimes happens that nurse and patient do not suit each other, and may immediately feel antagonistic, in which case it is better to decide on some other attendant. Having engaged the nurse, it is important to settle whether she shall be in the house for a few days before the baby is expected to arrive, or whether she shall be sent for only when needed. To many women, as well as their husbands, it is the greatest possible comfort to have the nurse in the house in readiness, but often the presence of a stranger, who has nothing particular to do and no definite position, is a great worry and annoyance ; and in this instance

she should be fetched when required. It is hardly necessary to say here that she should live at a reasonable distance, so that valuable time may not be lost in reaching her.

Everything needful for the use of mother and child should be *ready*.

For the use of the mother the following are required:—Two mackintoshes, one large, about two yards square, and the other about half that size. Better than mackintosh is tarred paper, which can be procured from Bailey & Co., 38 Oxford Street, London.



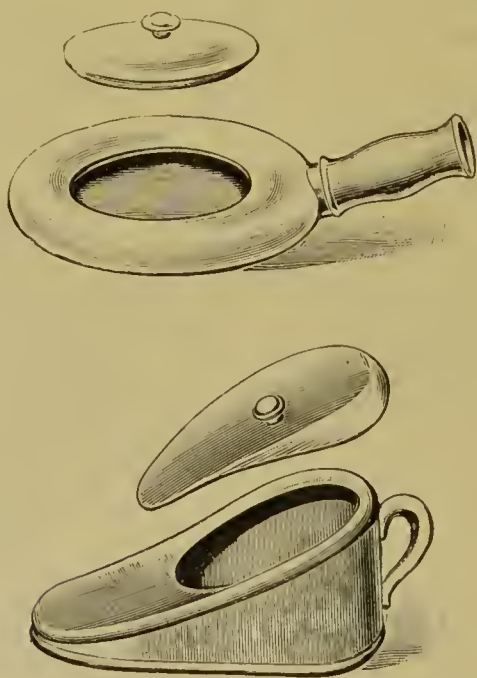
BED BATH.

This paper is antiseptic, and, being cheap, can be burned at once after use.

A large pad, one-half to three-quarters of a yard square, of wood-wool covered with sublimated gauze. This can be got ready-made from Essinger & Co., Hatton Garden, E.C., or the wool and gauze, which would be cheaper, can be bought by the packet (see Arrangement of Bed). Diapers made of this same stuff are really best and cheapest. Southall's sanitary towels may be used; they are rather softer, but not

so aseptic. All these can be burnt after use, but it is as well to have at hand a supply of the ordinary cotton diaper.

A bed-bath adds greatly to the comfort of a patient (see Fig.), as the necessary washing in bed is thereby



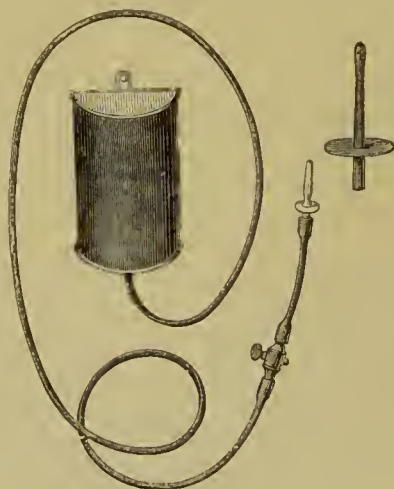
BED-PANS.

made much easier and less tiring, but this—if money be an object—can be dispensed with, and a bed-pan, either round or slipper-shaped (see Fig.), will answer the same purpose. It is a matter of choice whether

to have a round or slipper-shaped bed-pan. The former is more difficult to put under the patient; the latter spills its contents the more easily. Some nurses advise either being covered to the rim with flannel, to avoid any chill being given when used, but this is hardly necessary if it is warmed first by some warm water. A good Higginson's syringe is another requisite for confinement. It is a combined enema and vaginal syringe. It consists of an india-rubber tube, made either in one piece or jointed for convenience in folding; at one end is a leaden weight, at the other an ivory nozzle about two inches in length. This end is for introducing into the bowl when an enema is given, the weighted end sinks into the basin containing water and excludes air from the tube. For vaginal injections, when they are ordered by the doctor, there is another tube about five inches in length, which is open at one end and perforated by several holes at the other. This tube fits on to the ivory nozzle, and is for introduction into the vagina. To make the syringe work properly, both ends must be held down under the surface of the water in the basin, and the ball must be alternately squeezed and relaxed; after four or five squeezes the water will be found to be flowing in a continuous stream. Two points should be remembered about injections, whether vaginal or rectal: first, to inject very slowly, and allow the ball time to refill before each separate squeeze (see illustration, p. 57); and, second, to keep the

weighted end underneath the water, that no air may get into the tube.

A more convenient apparatus is the douche-can (see illustration). This is a can with a hole at the bottom, which allows of the passage of a tube with a nozzle and tap. The can is hung up on a nail or hook above the bed. The douche can be got in sizes



DOUCHE-CAN.

to hold two or three pints; of these the former is the better.

A binder for use after delivery is a comfort to a patient, but not essential; most English women prefer to use them, and they are an advantage in that they allow of more easy turning over on the side in bed. The binder should be made of roller-towelling, wide enough to reach from the lower edge of the ribs

over the hip-bone to the hip-joint, and long enough to go round the body *before* the baby is born—that is, about twelve inches wide and forty-five long. Safety-pins or carpet-pins, with as good points as possible, should be got ready. They will be found to penetrate the thick stuff more easily if they are soaped to make them smother.

Some sort of *disinfectant* is generally recommended by doctors for use. For washing the patient, the best and most satisfactory is carbolic acid, which should be prepared beforehand. Buy at the chemist's about six ounces of pure carbolic acid. Put one ounce of this (two small tablespoonfuls) into a pint wine-bottle, and fill it up with hot water and shake thoroughly. Six bottles of this mixture will probably be enough: each should be labelled, "Carbolic Lotion 1-20."

When required for use, dilute this with *equal* quantities of hot water. This makes an excellent disinfectant, of which the one disadvantage is that it will sometimes cause smarting when applied to delicate skins; this is the case also with Listerine, a good antiseptic recommended by many doctors, and of great use in the majority of instances where it is tried. Condy's fluid or sanitas may also be employed.

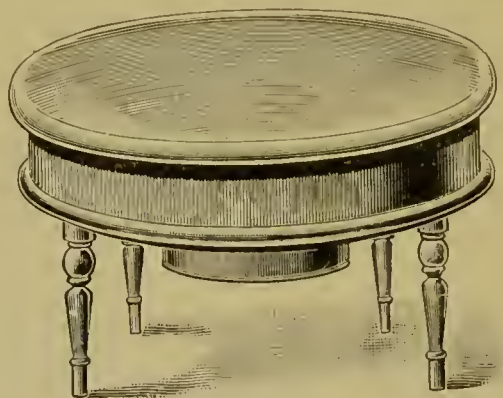
A small pot of carbolised vaseline, which can be bought at any chemist's, is essential in a confinement.

The Wants of the Child.

1. For a new-born child, the first necessity is strong

linen-thread, with which to tie the umbilical cord immediately after birth. It is advisable to use this trebly thick—that is, taking three threads about a quarter of a yard long, and tying them together at each end with a knot. Two such triple threads will be required.

2. A pair of scissors must be at hand, so that the cord may be cut after it has been tied.



BABY'S BATH.

3. When separated from the mother, the child must be put into some warm covering, which is usually a piece of flannel; more or less neatly made and worked, but, where expense has to be considered, an old flannel petticoat will answer all purposes.

4. For washing the infant—

i. A bath of some kind is indispensable. A wash-hand-basin or foot-bath will do, but it is best to provide a proper baby's bath (see illustration). This is

round and shallow, and raised on a stand to about the height of an ordinary chair.

ii. Plain curd-soap, which is perfectly pure, should be chosen in preference to scented or highly advertised articles, but vinolia or milk and sulphur soap may be used, if the mother fancies them. Two sponges will be necessary, one for the body, and one for the face, or little bits of rag may be used for cleansing the face immediately after birth (eyes, nose, and mouth), and then burnt (see Chapter XV.)

iv. A pot of plain vaseline or good olive-oil, or both, should be in readiness.

v. A little piece of rag should be provided, or better, two or three folds of Hartmann's gauze (see Chapter XV.)

vi. Starch powder, or violet powder, antiseptic rose powder, Fuller's earth or vinolia powder, should be handy.

vii. So should safety-pins.

viii. A very useful thing is baby's thermometer, showing heat bath should be, either tepid or hot, baby's health temperature, and temperature of food.

It is usual to have a basket filled up with packets containing all these things.

There should be soft turkey towels for drying the baby after washing; and, lastly,

ix. But of great importance, there must be proper garments (see Chapter on Baby's Clothes).

A cradle or bassinette must be got. Of these, the

cheapest, the most convenient, and the best of all, is a basket cradle without rockers. It should be bought unlined, and may be lined with some pretty woollen material, tacked in lightly, so that it can easily be taken out and washed. The mattress should be of hair and the pillow low, and so curved as to fit the curve of the bassinette. All the bed clothing should be of wool; cashmere does beautifully for sheets and pillow-case, or the former may be knitted of very fine soft wool, as Andalusian or Berlin. There should be two blankets and a small eider-down coverlet, which, being extremely light, is most useful.

CHAPTER X.

LABOUR AND CHILD-BIRTH.

“WHAT is labour?” This is a question which is naturally asked by many young mothers, and it is more easily asked by the unlearned than answered by the doctor. Roughly speaking, however, labour is something like this. At the end of pregnancy, the uterus or womb is contained like a pear-shaped bag in the abdomen. It is lined with another bag—thus making, as it were, a double bag—containing fluid, which entirely surrounds the unborn infant. The infant is free of the mother except for one thin connection by means of the umbilical cord, which is attached at one end to the navel of the child, and at the other to the placenta or “after-birth,” which is spread out over part of the inner surface of the womb, which takes the place of lungs. The cord is composed of blood-vessels, held together by a jelly-like substance; these convey renovated blood to the child, and take the used-up and exhausted blood back to the placenta, so that the child gets its necessary supply of oxygen conveyed to it by the blood of its mother. The womb then is a closed bag with a small opening

at the neck, and labour is the contractions of the womb by which it tries to expel its contents. These contractions gradually widen out the narrow neck until it forms part of the wall of the womb. The bag containing fluid is slowly pushed down more and more, the placenta meanwhile getting detached from its place, and the child following the fluid, until it reaches, wholly or partially, the vagina. Here it remains a short time, the womb pressing on it from above, and the vagina contracting more or less feebly to expel its new contents, and finally succeeding. The baby comes out into the world, and is born. The detached placenta next succeeds, and labour is over.

The Choice of a Room for confinement is of some importance. It should be light and airy, with a fire-place, and be furnished only with what is absolutely necessary. The carpet should be in strips if possible, and certainly not fastened close to the walls all round. The bed should be a mattress, and a palliasse is to be preferred to a spring-bed, because on the latter the patient is apt to get into a *hollow*, and this may much interfere with the medical attendant if any assistance is required of him. The bed should have neither curtains nor valance, unless the patient has been accustomed to the former, in which case they may remain, but they should be as scanty as possible, and made of washing material. The room should be thoroughly cleaned before the patient goes into it,

and everything that can be washed should be, so that all may be left untouched for some days after, and the occupant need not be disturbed. It is best that there should be a second room opening out of the first, where the nurse can sleep; but if this is not practicable, a bed must be arranged for her, preferably at the side of her patient.

Arrangement of the Bed.—A single bed is best, and it should be so placed that a person can get round it; it must not be put close up to the wall.

Over the *under-blanket*, *beneath* the sheet, a mackintosh or tarred sheet must be placed; over the sheet, a second mackintosh, smaller, and drawn well up to the right edge of the bed to prevent soiling of the mattress. Above this again should be what is called a drawsheet, that is, a thick sheet folded in half, and placed under the patient's body, so that it can be taken away easily. This should be tucked in at either side, and above it again should be put the antiseptic wood-wool pad.

A shortish round towel should be fixed at the bottom of the bed, to be used as a pulley.

The patient should wear her usual nightgown, whether cotton or woollen, with or without under-vest, according to the usual custom, only they should be clean. The nightgown should be pinned up round the waist, and below that should be a flannel petticoat, which can be taken off when soiled, as it is sure to

be. The patient should lie on the bed on her left side with her hips near the edge, her knees well drawn up, and her feet pressed against the footboard, between which and her feet a pillow or cushion should be interposed. A light blanket should be thrown over her.

Labour.—Before the beginning of true labour—that is, before any pain is felt—probably for days and weeks, painless contractions have been taking place, and the whole system put in train, as it were, for the great effort that expels the embryo. If the hand be placed on the abdomen at this time, the womb can be felt alternately hardening and softening, and the abdomen becomes less in size, for the child sinks deeper as it advances on its way out. *True* labour pains are felt in the lowest part of the back, and gradually extend down the thighs and round the front of the abdomen; they are felt at quite regular intervals, and are perhaps rare to begin with, but the interval becomes shorter as the action goes on. I say *true* pains, because false or spurious pains are very common. They may commence anywhere, but usually in the abdomen; they are irregular, and are like those arising from flatulence, diarrhœa, or colic; often they are accompanied by the bringing up of a little wind, and the hardening and softening of the womb do not take place simultaneously with their occurrence. In this way they can ordinarily be distinguished from true pains quite easily, but there

are cases in which the most experienced matron may be deceived by them, and the doctor should then be summoned at once.

As soon as the patient recognises that she is in labour—that is, when the pains, occurring at *regular* intervals, become more severe and come quicker—she will do well to send for the nurse. If it be her first confinement, this is usually sufficient, and when the nurse comes she will question her and ascertain whether the doctor's assistance is necessary or not. In any other than a first confinement the doctor and nurse had better be sent for at the same time.

If the bowels have not acted thoroughly during the six hours preceding labour, the nurse will do well to administer an enema as soon as she arrives. This should be of hot water, about 100° Fahr. It is of the highest importance that the lower bowel should be thoroughly emptied, as labour is thus enabled to progress quicker, and pain is thereby lessened.

The patient should keep about her ordinary duties as far as possible, taking food at her ordinary hours, and moving about the house until she finds herself unable to control expressions of pain, when she should retire to bed. A hot sitz bath, of as high a temperature as can comfortably be borne, may be taken to ease pain which tends to become unendurable. The water should cover the body as far as the ribs, and the patient should remain in it 10–20 minutes (see Treatment of Pregnancy), hot water being added from

time to time to maintain the degree of heat. This may be repeated every few hours if necessary. Patients are sometimes sick during the early stage of labour, but they need feel no alarm at this. "Sick labour is safe," say many old-fashioned people: "one attack of vomiting does more good than ten pains," is the axiom of many old women, and in both these statements there is much truth.

The doctor should be sent for at once when the pains come more quickly and are of greater intensity; this is the general rule, but doctors, like other men, differ, and some prefer to watch a confinement from quite the beginning, and wish to be informed as soon as any pains are felt. In this case, if the patient has experienced, say, a few pangs in the night, she should let her medical attendant know in the morning, about breakfast-time, before he begins his daily round of visits. A call from the doctor, "be it he or be it she," is very reassuring, as no one else can give a really accurate opinion as to whether everything is going on favourably; so, for many reasons, it is best for the doctor to see the patient early.

A question generally asked with much anxiety is how long the labour will last; but no exact answer can be given, for many factors enter into the calculation of the duration of labour, and in a multitude of physiological factors there is uncertainty. Generally speaking, however, the first or dilatation stage

of a first confinement lasts from twelve to twenty hours, and sometimes very little pain is felt during the time, and scarcely any inconvenience. As the moment of real expulsion of the foetus approaches, the patient becomes aware of the fact by the more forcing and bearing-down nature of the pains; she is conscious that there is something *there* which needs to be got rid of, and she will naturally lie down on the bed. At about this time what is known as the "breaking of the waters" takes place. The membranous bag which encloses the child bursts, owing to the pressure of the fluid within it. The quantity discharged varies from a very small amount in some cases to a very large amount in others—even to several gallons, which drench the bed and everything on it; hence the necessity for mackintoshes and removable sheets.

Towards the end of labour, as each pain occurs, the patient will involuntarily hold her breath and *bear down*, pressing her feet on the footboard, or pulling steadily at the pulley. If the length of the first stage has been long and wearisome, she should be encouraged to doze between the pains. Most doctors at this time will administer a little chloroform, particularly in a first confinement, which is generally slow and exhausting. Patients will often ask for chloroform, but occasionally they refuse to take it when offered, either from religious scruples or from fear of danger to life. As to the religious objections, of course nothing can be said; but as to the expected danger, we may say

confidently that the administration of chloroform during labour is peculiarly safe, and, where advised by the doctor, had better be taken. This stage, called technically that of expulsion, occupies from one to three hours in a first confinement; in later confinements it may take only a very few minutes, and as it were with one effort the child is ushered into the world. The navel cord must be *felt* as soon as the child is born, and when all pulsation has ceased—not before—it should be tied in two places with the threefold linen thread described on p. 94. The first tie should be made about two inches from the baby's body, and the second about two inches beyond. The tie should be very secure, and the knots double, so that they may not work themselves undone. The cord should then be cut between the knots, and the end that is attached to the infant must be carefully examined, lest it should be bleeding. The child should be put into the flannel receiver on one side, and any mucus which may have collected in its mouth should be carefully removed. After it has cried, it may be left.

In about ten minutes after the baby is born, the placenta or after-birth, with the membranes attached, come away, and the delivery is completed.

The patient should be turned on her back, and some extra covering laid over her. Commonly an attack of shivering supervenes at this stage. It is not serious, and the cause is very simple, being merely reaction following great exertion. The shivers soon cease, and there ensues a period of exquisite peace and comfort

and relief, with a sense of absolute well-being; there is also a natural feeling of physical fatigue, that is pleasant, which should be fully indulged. There is no need to comment on the joy to a mother's ear in the cry of the new-born creature, for whose sake she has borne so much. The patient should rest for a short time—say half-an-hour—and should then be thoroughly washed with whichever of the antiseptic lotions the doctor prefers, the bed-bath or bed-pan being slipped under her body. The heat of the water used should be 100° , and cotton-wool soaked in the lotion should be used for the purpose. Everything that is soiled should be removed at once, and a wood-wool pad or sanitary towel applied to the vulva.

The bandage or binder may now be applied, and here a word of caution is needful. No folded napkin or towel is to be placed under the binder just above the pubes, except by medical advice, for it is often harmful, causing the womb to be bent backward. The binder should be slipped under the patient, who may raise her hips slightly for the purpose, by a person standing on the right hand; and it should be pinned from below upwards, the "pinner" holding the two folds of binder in her left hand, and putting in the pins with her right.

The room should be darkened and kept quite cool and fresh, and the patient should be encouraged to rest and sleep if possible, while the nurse washes the baby.

After Pains.—In any confinement except a first, the patient is liable to a return of labour pains from twelve to twenty-four hours after delivery. They are caused by contraction of the womb for the expulsion of clots of blood which have collected in it. Contractions are necessary when the clots exist, but it is better if possible to prevent their forming at all, and so to avoid the pains. This is now generally done by most doctors by keeping the hand firmly over the womb, and squeezing it from time to time. In Vienna the midwives sit at the patient's side for three hours after birth, and maintain a steady pressure on the womb. Contraction, too, is helped sympathetically by putting the child to the breast after it has been washed, and the mother is somewhat rested; this should always be done unless she is greatly exhausted. Within an hour or two food should be administered to the patient, and there is nothing better at this time than the old-fashioned gruel made with milk.

Water should be passed within the first six hours after delivery. The patient will probably be disinclined to do so, but the effort must be made. The bed-pan should be slipped under her, and she should try lying on her back. Very often, if the nurse goes out of the room and leaves the patient to herself for a few minutes, it is found helpful. If this first attempt be unsuccessful, a sponge dipped in very hot water should be laid just over the pubic bone or applied

to the vulva. If this fails, the patient may be gently rolled over on to her elbows and knees, which position generally brings about the desired result; but if not, and if after an hour's rest and a renewed effort or series of efforts, when every other plan has failed, then recourse must be had to the catheter. But this should not be tried except as a last resource, and, unless the doctor lives too far off to be summoned, he only should use it. The quantity of urine that comes away should be carefully noted, for if it is passed only drop by drop, the bladder is not emptied, and difficulties of a serious and tedious character may, and probably will, arise.

The Bowels.—In a normal pregnancy and confinement the bowels may be allowed to act naturally at their own inclination, but a great many women need some further assistance. This should in the first instance be of the very simplest kind. A glass of water should be taken at bedtime, or some fruit, an orange, pears, strawberries, fresh or dried figs should be taken with a glass of water—hot or cold according to taste—early in the morning. A small spoonful of powdered ginger taken in sugar and hot water is often useful. Brown bread or porridge should be eaten. An enema of plain hot water (100°) may be given, and this may be found necessary for several days running. The bowels should be moved on the third day after delivery. In cases where the labour has not been normal, as when excessive loss of blood

or tearing of the parts has occurred, and instruments have been employed, it may be advisable to allow the bowels to remain quiescent for five or six days, and more elaborate measures must then be taken for their relief. The contents must be softened by the injection of four ounces—eight tablespoonfuls—of olive-oil overnight, and in the morning a large soap-and-water enema—about a quart—should be administered. It is most important that there should be no strain in the passage of the motion. Often it is necessary to give as well some kind of aperient. The mildest and simplest should be chosen, and reference made also to the habits and idiosyncrasy of the patient. Compound liquorice powder—a teaspoonful in water—is very good, but unluckily it causes griping in some people. There are certain properties which recommend castor-oil, the popular purgative of former days, it being quite safe, and its action simply an emptying of the bowels. It is excessively disagreeable to most people, but even the most delicate stomachs can take it in capsules. It is, however, apt to cause griping, and its results are slow and uncertain. Confection of senna, a teaspoonful at a time, is very agreeable to take, and pleasant in its action; this is true also of confection of sulphur, and the two may be mixed. Many persons prefer one of the aperient waters, as Hunyadi Janos, Friedrichshall, or Æsculap. The dose of these is one wineglassful in three-quarters of a tumbler of hot water,

drunk in the morning, fasting. Whichever aperient be selected, it or something similar will most likely have to be taken more than once, and for repeated consumption nothing is better than cascara sagrada, in the form either of tabloids or of the liquid extract. Twenty drops of this at bedtime are usually sufficient.

Discharge.—For some days after confinement there will be a discharge from the womb. The technical term for this is “Lochia.” For two or three days this discharge presents the appearance of blood, and contains often little shreds and clots. Its odour is faint and highly characteristic, not unpleasant. The amount lost varies considerably in different women, just as different women lose widely different quantities at their monthly periods. In about three days this discharge becomes paler in colour, and by the seventh day has faded to a greenish white. The smell remains very characteristic, and if it has become unpleasant or offensive, the doctor’s attention should be drawn to it. It is also a serious symptom if the discharge gets scanty or ceases altogether, but in this case other signs of ill-health are present. A bright red discharge persists in some women for some weeks after confinement, whenever they exert themselves, especially on first leaving the sick-bed. The doctor should be consulted about this.

CHAPTER XI.

GENERAL MANAGEMENT OF MOTHER DURING CONVALESCENCE FROM CONFINEMENT.

AFTER her confinement for the first few days the patient should take very light food, as milk, gruel, or porridge, tea, coffee, or cocoa made with plenty of milk, toast, bread and butter, rusks, lightly boiled eggs, and milk-puddings. When the bowels have acted, she may gradually return to her regular diet; her meals should be taken at the usual hours, the only extra being some milk in the night if the child wakes up and requires nursing. It is a safe rule to allow no visitors for a week, as absolute quiet is a necessity. No one should be admitted to the patient's room but husband, doctor, and nurse. This is especially the case in a first confinement, when friends and relations are keenly interested, and are anxious beyond measure to see the new baby, and much mischief has been often done by allowing the mother to be excited by interviews with eager visitors. Conversation and the relation of mutual experiences are very undesirable at this stage. This rule must not be broken; there must be *no* visitors for a week after

confinement. In all ordinary circumstances, too, the patient must remain lying down without getting up for any purpose whatever, for at least a week. There are, of course, many cases—thousands of them—in which women do get up earlier, even as early as the second day—indeed, some women have not taken to their beds at all—but these are exceptions to which no attention can be paid. After delivery all the parts concerned are very weak and lax, and the enlarged womb requires time before it returns to its normal size; falling of the womb and bearing-down pains will probably be prevented by the maintenance during a sufficient period of the recumbent posture. Some women need to keep it longer than others; it must be left to the doctor to decide this for each individual case. Most patients find this time pleasant enough, and are in no great hurry to close it. Their aches and pains are over, their anxiety is at an end; with a good conscience they can give themselves up to the attention of others, and to affection and enjoyment of the new-born babe.

CHAPTER XII.

LACTATION—MANAGEMENT OF BREASTS— WEANING.

EVERY woman should nurse her own child. The arrangement is a quite ideal one, and fortunately is generally practicable. Like mercy, “it is twice blessed—it blesseth *her* that gives, and *the child* that takes,” and in a very true hygienic sense. It is the healthiest thing for the mother (women often declare themselves to have felt stronger when nursing than at any other time), and by far the best thing for the child. In many instances it saves the child’s life, and almost always gives it a far better chance of doing well than any artificial means of feeding could do. Perfectly natural functions should be allowed wherever possible. In this case, the evils which arise from disregard are manifest and manifold: the child suffers greatly; the mother’s misery is terrible. Surely no woman who has married and borne a baby should deny it what is absolutely best for it, and in nine cases out of ten the mother’s milk is the best nourishment it could have. To bear children is a great work—the future of the nation depends on it. Women

should be willing, in such a cause, to give up their pleasure and their work, and bear and rear their children well.

It may be, however, that a mother has an insufficient supply of milk, or its quality may be too poor for the wants of the child. If the child cries as a rule after it has taken the breast, and never seems satisfied, always sucking its fingers and thumbs, or anything else it can get hold of, then, after trying all the things suggested (see pp. 126, 127) to increase the



GLASS SHIELD
WITH TUBE.



GLASS SHIELD
WITH TEAT ONLY.

amount of milk secreted, it is best to supplement it by artificial feeding.

When the nipples are depressed, a nipple-shield may be used, and the child made to suck that. Various kinds of shields can be procured, those most commonly used being a glass shield with tube (see Fig.) and teat attached, and a glass one with no tube, but teat only (see Fig.). The former is perhaps the better of the two, for the mother is less fatigued by not being obliged to hold the baby high up. Which-ever shield be chosen, the breast should be anointed

with a little vaseline where the rim of the shield touches the skin. This is often serviceable in lengthening the nipples, and the baby can then be put to them. Very often, however, it is a matter of great difficulty to persuade it to touch the nipple after the teat, and a little glycerine and borax may be put on as an inducement.

There are, however, circumstances in which it is advisable that a mother should not nurse her baby. Owing to either disease or malformation, the nipples may be so depressed or ill developed that the child cannot obtain sufficient nourishment from them—indeed, cannot suck at all. If this be the case, after repeated efforts, it will probably throw back its head, cry, and stiffen its back, refusing to try to draw the milk. It happens sometimes that a child refuses the nipple for the apparent reason that it dislikes the taste of the milk; then the infant's mouth must be thoroughly examined, to ascertain if any malformation exist.

If the mother be very nervous and excitable, it will be best for her not to nurse her child. The infant will not thrive upon her milk; it will cry constantly, and be found peevish after being suckled. Women who are terribly anxious and troubled at the birth of their first child become sometimes much more peaceful and equable when their second or third arrives; for one thing, the counsel and annoyance of friends and relations ceases to affect them. A patient of my own was nearly distracted by the perpetual advice of an

elderly relation to the effect that unless her baby were fed with corn-flour and water it would surely die. Let me remark here that only utter forgetfulness of their own course of action in similar circumstances in past years can excuse the insane admonitions of various elderly women who have themselves been mothers. Hardly could a child of theirs have lived had they acted as they would have their young friends to act; their mental oblivion must be singularly complete.

Again, the mother's health may be such that it is dangerous for both that she should suckle the child herself. She may have a natural tendency to consumption or strumous disease; signs of this are found in sore eyes, big glands in the neck, and so forth.

It may be very painful to a mother to give up the pleasure of nursing her infant, but it is very strongly advisable, not only for the baby's sake, but also for her own. It allows her health to partially recover itself, in many instances, after the strain of confinement; though in some cases the mere fact of pregnancy and confinement with an excessive loss of blood, which is very common in consumptive subjects, have so much reduced her strength that the disease tends to become further and further advanced, and she goes rapidly downhill. There is a theory held popularly that pregnancy has a very good effect in cases of consumption. It is possible—rarely—that this may be true, but instances of the very reverse are too numerous

for there to be any doubt as to the worthlessness of the idea.

In these circumstances it is proper for the baby to have a wet-nurse, who must be most carefully chosen (see chapter on Choice of a Wet-nurse). Where this is impossible, artificial feeding should be arranged; this is a matter requiring care and thought.

In the case of a consumptive father and a *perfectly* healthy mother it is certainly best for her to nurse her child; the same thing is true of epilepsy or insanity or severe heart-disease on the part of the father only, the mother being really healthy; so important is it that the child, whenever possible, should have the advantage of its mother's milk.

The breasts, as we have said already, begin to enlarge at about the third month of pregnancy; in most cases milk is secreted in them at such a time. An old-fashioned and harmless treatment was for the patient to bathe the nipples with cold tea, brandy, or whisky, with a view to hardening the skin of them.

As soon as the child is washed and dressed it should be put to the breast, whether it appears that there is milk there or not. This is advisable for the mother's sake and the infant's; for the mother's, because there being a strong sympathetic connection between the breasts and the womb, the contraction of the latter is helped by the suction of the child, and because the nipple is more easily drawn out before the breast becomes tense and hard, and much

tenderness, fulness, and heat is prevented; and for the child's sake, because, although the milk secreted at first is of small amount, it is almost always just what is required for the nourishment of a new-born baby. This milk is of a peculiar character, very thick, and of a whiter colour than that secreted later; it is called colostrum, and its action upon the child is slightly aperient and helps it to get rid of the meconium. The arrangements of Nature are perfect; it is only when they are thwarted or unheeded that things go wrong. Do not, therefore—as many advise—give a dose of castor-oil to the baby after birth; it is needless, and injurious to the mother as well as to itself. Before or after nursing every time it is a good thing to apply glycerine and borax to the nipple; soreness of them and thrush on the part of the child are thereby prevented. Thorough washing and bathing of the breast should of course not be neglected.

As a rule, the child should take the breasts alternately. This is to be recommended for several reasons: it allows the one breast a longer time to refill with milk, and avoids strain on the nipple. If one nipple be at all abraded by the sucking of the child, the cessation allows it time to heal before being used again. Besides this, if one breast be much more sucked than the other, it tends to become the larger of the two—noticeably so—which naturally vexes the mother. Again, if one breast only be sucked,

the child's face becomes crooked from constant pressure on one side: this is a fact, and not merely a probability. A case is on record of a lady whose face was sadly awry, which was entirely attributed to the fact that her mother at the time of nursing her was suffering from an abscess in one breast, and could suckle her child only at the other. It happens, of course, that a baby is not satisfied with the milk from one side alone, in which case it must have both, or the deficiency be made good by artificial feeding. One more reason may be adduced why a child may, or should be put to both breasts. The milk given out when it first sucks is of far richer quality than that after it has been feeding for some time; which fact may be utilised when the child is delicate; putting it to the second breast before the supply in the first is exhausted. It is also easier to draw at the beginning than at the end of a meal.

Quantity of Milk Secreted.—The total secretion of both breasts varies from twenty to forty ounces; roughly speaking, from one to two pints, or about one ounce every hour. A child takes, therefore, about one and a half to two ounces at each meal. It may be trusted to suck as long as is necessary, and the stronger it is the more it will suck. What is taken into the stomach beyond its requirements will be immediately returned, digested or not; there need, therefore, be no alarm if

the child brings up a mouthful or so of milk after suckling. This, however, must not be confounded with a constant habit of rejecting its food, which is a very different and a very serious matter, needing medical attention. When nursing, the mother should assume as comfortable a position as possible. Of course, in the early days after confinement, this will be done lying down, which is very restful; later on, a comfortable chair should be chosen, sloping, and long enough to support the whole back, if possible; then, with her feet on a hassock, she may hold the child in a half-lying, half-sitting posture, and both will be fairly easy.

How long should an infant be suckled? This is an important question frequently asked. For the first eight months of its life it should in all cases where practicable take the mother's milk solely—that is, of course, when her health and its own are satisfactory. After eight months a little cow's milk may safely be added to its dietary, this being taken either alone or with the addition of some farinaceous substance. But it may take the breast only till ten months, or, more rarely, till one year old. The state of a child's teeth is a good guide to its needs. Where it is strong and vigorous, with teeth in both upper and lower jaw, it may be advisable to wean it earlier than it would otherwise be, for the appearance of teeth shows that it is ready for more solid nourishment, and the pain of them on the nipple renders the act of nursing unbearable. On the other hand, where a baby seems

backward, that is, has yet cut no teeth, though otherwise in good condition, it may continue to take the breast only; but this rule is not by any means invariable, for this very backwardness may be due to the fact that its mother's milk is insufficient for it, and it may be best that it should be weaned. The doctor should properly be consulted on this point. In any case, do not wean an *ailing* child. Children often suffer from diarrhœa and such minor ills.

Weaning.—Where possible, weaning should be a gradual process, and artificial feeding take the place *slowly* of the mother's milk. To do this comfortably takes several weeks, but when time permits of it, it is by far the best plan. A meal of milk and farinaceous food mixed should be administered alternately with the breast; then it should be given twice in succession, with the breast every third time, and so on until finally the breast is given only at night (when needed) for a few times, and then altogether discontinued. The mother is thus saved much pain and discomfort, both on her own account and her child's: for herself, as the gradual disappearance of the milk obviates any necessity for the active and often distressing removal of the milk; and for the child, as an infant will often show signs of great woe and misery at being suddenly deprived of the breast. It will cry and refuse the bottle or spoon, and great patience and perseverance are often needed to induce it to have anything to do with them,

This is terribly distressing to the mother; she feels herself to be cruel so to trouble her infant, and both are much disturbed in mind and body—it is physically and mentally a wrench for both—and it cannot be too strongly insisted on that weaning must be a gradual process or it will be a most painful one.

Sometimes, however, it is absolutely necessary that it should be suddenly done, and the child must then be given the kind and strength of food suitable to its age, and some active means will be necessary to cause the milk to disappear. For this the best local application is extract of belladonna and glycerine in equal parts. It should be spread on strips of lint or linen about an inch in width, and these should then be applied rather tightly to the breast, beginning at the base or widest part, each strip somewhat overlapping the previous one, so that no gap be left between them. The nipple, of course, will be left free. Cotton-wool should then be laid over the whole, and the breast raised by a bandage or carefully applied handkerchief.

At this time the diet should be as dry as possible, milk and malt liquor should especially be avoided, and some aperient mineral water should be taken to ensure a free action of the bowels.

Reasons for Giving up Nursing.—Sudden shock may cause entire cessation of milk; this may also occur from some acute illness on the part of the mother, or it may from one cause or another decrease

considerably in quantity and deteriorate in quality. The child, perhaps, seems ill satisfied, neither growing nor gaining in weight; or, after an easy course of some months, it may unaccountably refuse the breast, and altogether decline to take it. If, from any cause, a mother is compelled to suckle her child irregularly, she should certainly wean it. She may, perhaps, herself find nursing a great strain. Often, as we have already said, the period of suckling is the healthiest of a woman's life, but it does happen, only too frequently, that the very contrary is the case. Poor, insufficiently-fed women, forced to work hard and long for their livelihood, who have perhaps, to begin with, left the bed of confinement days too soon, find it impossible to nurse their children. It exhausts them without nourishing the infant. So, too, women at the other extreme of the social scale, delicately nurtured, too luxuriously brought up, cannot endure the prolonged strain. They present a white anxious face, drawn and haggard; backache is complained of, mostly between the shoulders, described as a dragging sensation, worse after suckling. Often, too, there is a good deal of dull pain about the lower part of the back. With these signs, too, there is frequently a white discharge from the vagina, the digestion is deranged, discomfort being experienced after food, and nervous symptoms may supervene, sleeplessness, depression, a tendency to tears, or even, in extreme cases, the balance of the mind may be upset.

It is the rule that the monthly period does not occur while women are suckling, but occasionally it happens that they are quite regularly unwell. Some persons consider that when this is the case nursing should be stopped at once—an opinion that is no doubt often true, but not invariably. Anyhow, nothing should be rashly done. If the monthly period recurs, but the mother's health does not suffer, and the child thrives, and the quality and quantity of milk appear the same as before, then suckling may continue as before. But exhaustion on the part of either mother or baby, or some change in the composition of the milk by which it becomes apparently distasteful to the latter, and it is unwilling to take it, call for consideration. Here, as in most instances, no hard and fast rule can be laid down; each case must be judged on its own merits.

The Appearance of Pregnancy during Nursing.

—There is a very general popular opinion that it is impossible for a woman to become pregnant while suckling her child. It is not difficult to conceive how it arose, for undoubtedly many women do not conceive at this time. We constantly see poor creatures dragged down and weary, with a great child of fourteen months, or even older, at the breast, suffering themselves, but most unwilling—hardly to be persuaded indeed—to give up nursing it, lest they should “fall in the family-way” again. That this, however, is a delusion, is

proved when we come to take an average from a large number of cases. It will be found that most women who have large families have become pregnant whilst nursing one or more of their children. In fact, about half the total number of conceptions take place during the period of suckling the previous child. No woman can nurse her infant for more than twelve months without injury to herself, or to it, or to both. When conception occurs at such a time, the supply of milk usually ceases, and the mother is, of course, obliged to wean her infant; but if the actual supply is not stopped, the quality of the milk becomes so poor, that, whilst the mother is enfeebled, the child does not thrive. There is also to be considered the danger to the womb, and the possibility of bringing about a miscarriage. For these reasons it is quite imperative that the child should be weaned, so that all three lives may have as good a chance as possible; but in any case, the child that is coming is handicapped from the beginning of its course, as its mother is really not strong enough to endure the strain of pregnancy and parturition so soon again. This danger is, of course, increased in proportion to the age of the previous child at the time of the new conception. If this happen when it is three months old or under, miscarriage is highly probable, for the uterus has not yet returned to its ordinary shape and size, and the mother, besides, is in an enfeebled condition, and physiologically unable to bear the strain of child-bear-

ing. Taking all these facts into consideration, the serious conclusion to which we shall naturally come is this: that it is the solemn duty of a man and woman, both to themselves and to their children already born and yet to come, and their duty also to the state, that till their baby is at least ten months old, they should avoid any possibility of another pregnancy taking place. So-called savage nations can teach us much in this matter. The Red American Indian women live apart from their husbands for three years after a child has been born! If we civilised peoples pursued some plan of this kind, there would be less danger of over-population, and many poor women would be saved from anxiety and carking care.

CHAPTER XIII.

DIET AND GENERAL MANAGEMENT DURING NURSING.

THE food taken by a mother who is nursing her child should be plain, wholesome, and nutritious. The regular meal-times should be observed; there may be no need to make any addition to the ordinary dietary. Many women, however, find it helpful to the secretion of their perhaps not very abundant milk to take a teacupful of milk, or of milk and barley-water, half-an-hour before suckling. In case of the milk being too abundant, and causing inconvenience, as *dry* a dietary as possible should be adopted; fluid should be avoided, and a purgative, which causes watery evacuations, such as Epsom salts, may be advantageously taken. A cotton-wool pad may be worn over the breasts, and changed as occasion demands.

Here arises the important question of stimulants. It cannot be too emphatically stated that stimulants in any form are *not* necessary during nursing, and indeed, in the case of those who have hitherto been unaccustomed to their use, they are especially undesirable. The alcohol habit, in many sad instances,

has been contracted at this time, to the ruin of family happiness and of individual worth. Sometimes, however, alcohol in the form of malt liquors may be of assistance when the supply of milk is deficient. Here ale or good stout, or stout and milk in equal parts, may be taken before nursing, but other less equivocal measures should be tried first, such as Hoff's or Kepler's extract of malt. A child will often turn with disgust from its mother's milk when she has been taking beer or stout. A bitter taste is perceptible in consequence of them.

Regular daily exercise in the open air should be taken by all nursing mothers; preferably in the form of brisk walking—really *brisk*—not loafing or sauntering, or paying calls or shopping. Nothing makes so much difference to the general health as the amount of exercise taken, and the quality and quantity of milk secreted depend entirely on the general health. Wet or fine, the mother should go out of doors for a certain portion of the day.

And as far as in her lies, she should maintain an equable and cheerful disposition. Any depression or worry of mind will affect the secretion and flow of milk; far more than any other secretion of the body it depends on the state of the mind. If the mother be troubled or distracted, it may so change the composition of her milk that the child may refuse to take it, or, if taking it, may grow really ill upon it, and it may have to be artificially fed. *Fear* is a specially

harmful emotion, not infrequently stopping the supply of milk altogether. Fretfulness and peevishness affect the quality of it most materially ; attacks of sickness and diarrhœa occur to a child whose mother gives way to them.

Other things being equal, healthy milk depends upon the mother, a fact so important, that surely the bare statement of it must impress it without further argument on the mind of any woman it may concern.

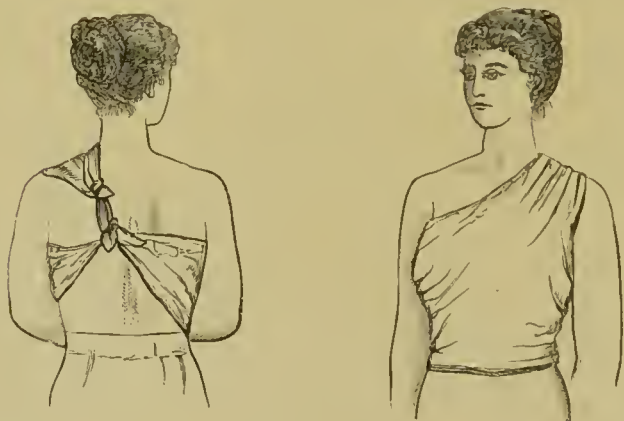
CHAPTER XIV.

"MILK-FEVER"—SO-CALLED MINOR AILMENTS CONNECTED WITH LACTATION.

FOR the first forty-eight hours or so, the quantity of milk secreted is small; later on there is a free flow, which is often accompanied by slight constitutional disturbance, as headache, a feeling of languor, and now and then a slight rise of temperature; some feeling of fulness and throbbing in the breasts is also general; but the constitutional disturbance is not nearly so common as is usually supposed. "Milk-fever"—popularly so called—may be said to be entirely suppositional, although, as remarked above, a slight rise of temperature may be observed. Countless deaths attributed formerly to "milk-fever" are now, in the more enlightened condition of modern medicine, ascribed rightly to blood-poisoning (septicæmia), caused by some sort of infection from without, and due generally to carelessness on the part of some one in attendance on the patient. This illness manifests itself commonly just after the milk begins to flow freely, and one symptom of it is cessation of this flow, as well as of all discharge from the vagina. It is just

possible, too, that, like many other expressions, it was first used as a cloak for utter ignorance on the subject.

Heat, tension, lumpiness of the breasts, can be much relieved by the application of a hot fomentation with a teaspoonful of laudanum sprinkled on it, and after the application each breast should be separately wrapped up, and a piece of mackintosh or oiled silk



BREAST BANDAGES.

(By kind permission of the St. John Ambulance Association.)

laid over the fomentation, with a thick layer of cotton-wool above all. The breast with its coverings should then be raised by means of a broad bandage or handkerchief passed over the opposite shoulder (see illustration). It is sometimes good to anoint the breast with hot oil, applying hot cotton-wool afterwards, and supporting with a handkerchief. Occasionally the patient can bear to have it rubbed

very gently *towards* the nipple with hot olive or almond oil. Whatever is done in the way of local applications, the bowels must be made to act freely, any of the before-mentioned aperients being used.

Cracked and Tender Nipples.—The suffering caused by cracked and tender nipples is exceedingly severe. It is seldom that a mother escapes some trouble of the kind with her first child; and in extreme cases I have known it happen that the mother cannot be induced to nurse her child at all, so intense is the pain of doing so. Of course this



WANSBURGH'S LEADEN SHIELD.

is not common, but it seems hardly possible to overrate the anguish caused by suckling when the nipple is out of order. It may be relieved by causing the child to suck through a glass shield as directed above; and here it may be remarked, that if the crack be sufficiently deep for the child when sucking to have swallowed a little blood, it will most likely vomit it up again. There is no need to be alarmed if this should happen. In the intervals of nursing, one of the leaden shields known as Wansburgh's shields may be applied (see illustration), or some sugar-of-

lead lotion may be put constantly on the breast by means of a wet rag, which must be kept continually wet. The lotion of sugar-of-lead (*Liquor Plumbi Subacetatis*) is to be applied in the strength of one teaspoonful to a tumbler of water. An excellent but sometimes too painful remedy is to paint the sore part with Friar's balsam, or perhaps with styptic colloid. These must, of course, be thoroughly washed off before nursing the child.

Hardness or Abscess of the Breast.—It happens now and again, about three or four weeks after the birth of the child, when the mother is up and going about, that hardness and tenderness of one or other breast will come on. In by far the greater number of cases this is preceded by cracked and tender nipples. When the patient begins to move about and to stand, the weight of the breast causes it to hang down, and the movements of the arms excite movement in the delicate skin and muscles, which in their then condition maintain a state of irritation. This may be assisted by the friction of the stays. It is probable, too, that the whole diet is altered, and having no longer a nurse to attend to her, the mother is apt to neglect the strict and necessary rules laid down for cleanliness. As soon as any hardness or heat in the breast is noticed, and if the patient remarks, too, that she feels less well than before, having, say, a furred tongue, with tempera-

ture raised above 100° Fahr., she should at once call in the doctor. She can hardly apply to him too soon, and his advice must be implicitly obeyed. For herself, however, a few simple directions may be useful. To relieve the accumulation of milk which is causing the hardness, the breast should be either sucked by the child, or, which is better, should be drawn by the breast-pump. This is especially desirable when there is any soreness of the nipple. It may then be rubbed gently with warm olive-oil and Tr. Opii (laudanum), equal parts, or with a liniment composed of equal parts of chloroform, aconite, and belladonna liniments. The rubbing should be *from* the lump and tender region *towards* the nipple, but must not be carried actually on to the latter. Soap and opium liniment may also be used, or hot fomentations sprinkled with landanum, covered with mackintosh, and a large mass of cotton-wool, may be used. Sometimes ice gives more relief than hot applications. The milk may be gradually drawn off every time the fomentation is changed (every two or three hours) and *very* gentle friction applied. When some one of these methods has been employed, a sheet of hot cotton-wool may be laid on the breast and bandaged on; or the breast may be covered with a folded handkerchief fastened across to the opposite shoulder, so as to raise it well up and relieve it of its own weight. The arm on the affected side should be fixed by means of a sling, and should be kept as still as possible.

By this means as much rest as can be is given to the breast, and it is put in the best way for recovering its normal condition.

Nor must general treatment be neglected. If the patient has been taking stimulants of any kind, they must be left off at once, a very spare diet must be followed, and the food taken being as dry as possible, fish, fowl, boiled mutton, and vegetables in abundance may be eaten. A few doses of some mineral water should also be taken, so that there may be several watery actions of the bowels during the day. In most cases the hardness, lumpiness, and pain of the breast subside in a day or two, and the patient is able to nurse her baby as before. The other breast is often similarly affected in its turn; it should be treated in the same way.

In some few cases matters are not so easily put right;—the patient feels ill; her temperature rises at night, sinking again in the morning; the lump in the breast becomes more localised and distinctly defined. If the abscess be under it, it may be less easy to distinguish, but the whole breast is protruded, and becomes agonisingly tender; it throbs, and there may be some redness, and over the redness a peculiar feeling of softness to the touch. The object of treatment of abscess of the breast is to prevent the pus or “matter” that has been formed from spreading and burrowing under and round the breast. The patient should therefore resolve to allow her medical

attendant to lance the swelling as soon as the presence of matter is detected. If she is nervous or excitable—in most cases, in fact—it will be best to administer a little chloroform. The course to be followed after the operation must, of course, be left to the doctor. It is, however, quite safe to have in readiness some medicated cotton-wool, some oiled silk, boric acid lotion, and some pieces of lint, or of linen soaked in boric lotion and left to dry. The lotion should be prepared in this way :—Add to boiling water as much of the boric powder as can be absorbed and dissolved ; when the powder ceases to dissolve, add no more. Roughly speaking, two tablespoonfuls of powder should be added to a pint of boiling water. The lint is to be dipped into the lotion and allowed to dry.

CHAPTER XV.

GENERAL MANAGEMENT OF INFANTS FROM BIRTH.

WHILE the needs and requirements of the mother are being attended to, the baby has been allowed to lie still, wrapped in its receiver in a warm place. When everything necessary has been done for the mother, then it can take its turn for attention—hers is the first place; the child will come to no harm resting for a while. When she is quite comfortable, then, if the baby be vigorous and healthy, it should be washed; but it must be a strong baby, otherwise only its face and eyes should be carefully washed, and it should lie for several hours warmly covered up and not be disturbed. It must be remembered that a child which has just come into the world has already done a good deal of work. Important changes have taken place in its organism. It has expanded its lungs for the first time, its circulation has become independent and stronger than before; if it be at all delicate no more should be expected of it for the moment. When, however, washing seems prudent, it should be laid

on its nurse's knees near the fire, though not in front of it, for its skin is very delicate and easily scorched. A pillow covered with a towel may be laid on the nurse's lap, and the child placed on this; it should then be strictly examined, and any bodily defect or peculiarity noted and communicated to the doctor as soon as possible; but it is no part of a nurse's duty to tell the mother of anything that may be wrong with her child; that should be left to the discretion of the doctor. Its head may be much distorted—very long from back to front—or having a swelling somewhere about it, or the face may be a good deal swollen and discoloured, but in either case the mother may be assured that the matter will right itself in a few days. The navel should be looked to, and if bleeding, another ligature should be applied in the same way as before described (page 104). The doctor should be told of this on his next visit. Its body will be found to be covered with a thick white unctuous material, which is most abundant in the groins and armpits. This is best removed by thoroughly anointing the whole surface of the body with plain olive-oil or lard, and the nurse's hand, if warm and soft, will be the best instrument for doing this. If the child be very feeble, this will be best rubbed off with a piece of warm flannel, and the washing left until the following day. Generally, however, the washing may be completed. For this purpose the baby's bath is brought into requisition.

The water used should be warm, the temperature should be that marked on the thermometer as *Baby's Bath*; and the eyes having been carefully cleansed (a little water being allowed to run between the lids), and its mouth having been cleansed with a little borax and glycerine, it should then be put into the bath. In bathing the child, the nurse's left hand should support its back and head while she washes its head and body with a sponge which has been slightly soaped; all the creases of the body, such as those about the armpits, groins, ears, and neck, should be scrupulously cleaned; but the process should be brief; do not linger over it; get the child as quickly as possible out of the bath and on to the pillow, and wrapped in a clean, warm, dry towel, with which it should be thoroughly dried. A small quantity of violet-powder may be afterwards sprinkled on it, but this is not really necessary if the drying has been sufficient.

The navel should now be dressed. For this a few folds of Hartmann's gauze, six inches square, is an excellent material. A hole should be cut in the middle of these folds, and through this the cord should be drawn, and having been well powdered so that it may not stick to the covering, it should be covered with the gauze. By this means it is kept as a-septic as possible, and will remain uninjured until it drops off between the fifth and tenth days. This dressing must be repeated every day. The

binder should be placed over this, and followed by the clothes described in Chapter XVIII. The child should then be put to the breast (see Chapter on Lactation). Its meals should be regular from the first. It should not be given the breast because it cries; more often than not, it does so because it has taken too much food. Until it is three months old, it should be suckled every two hours during the daytime, and from three to six months of age, every two and a half hours; from six months of age till it is weaned, it should be suckled every three hours. Oftener than this, feeding is unnecessary and injurious; various disorders of the stomach are produced by over-feeding, and, on moral grounds, a child should learn as young as possible that things are not to be got by screaming for them.

If possible, night-feeding should be altogether dispensed with; the breast should be given at 10 P.M., and then not again till 6 A.M., which ensures sufficient continuous repose for both mother and child. The milk of a mother who is refreshed is of far better quality, and likely to be more suitable to the needs of her baby, than that of a woman who is weary and exhausted after a comparatively sleepless night. At the same time, though regularity and punctuality should be carefully observed in feeding, they need not be slavishly adhered to. Some days one is much more hungry than others, and wishes to shorten the intervals between meals; if the baby then makes

itself clearly understood to be hungry, it is quite allowable to anticipate its usual hour for being nursed.

The infant should remain in one room for at least a week, and if born in winter, should then be taken into another room, and allowed to go out into the open air only at the end of the third week, warmly wrapped up. In summer it may be taken out into a garden after the first week, but for a short time only—say a quarter of an hour. A new-born child must be held carefully by nurse or mother; it should be near her, but its face must not be pressed against her. Wherever possible, it should be accustomed—when once it has begun—to daily fresh air; this will render it far less likely to take cold than if it were continually in the house. For the first six months, it must be carried out of doors by its nurse, afterwards it should be wheeled in its perambulator, in which there should be a hot bottle in winter-time. Do not begin to keep a baby indoors; take it out daily, even in wet weather; it will be far less likely to take cold; and if you begin to confine it to the house, you will have to keep it there.

A child should be washed all over every day, and the warmth of its bath should be gradually reduced till it is cold. Warm sponging at night will often help it to sleep well.

Careful training in habits of cleanliness is very important, and brings its own reward. Regular

habits should be inculcated from the very first, both for the child's own sake and that of those who attend to it. Some children are, of course, more difficult to train than others, but all can be taught with due exercise of patience. A baby should be held out after each meal, also on waking up and after its bath. From a very early age it can be taught to use a chamber, and this, as soon as it can walk, should be put in some place where it can reach it. Children are very clever in making their wants known, and they will be clean if their attendants make an effort to understand and help them.

From the beginning the baby should sleep in its cot, not with its mother. A hot bottle may be put into its cot to keep it warm. It should be allowed to sleep as long as it will, not being awake for feeding; at the same time it is wrong to permit night to be turned into day, the child being wakeful all night and asleep all day, for which habit, so weary and exhausting to the mother, a careless monthly nurse is often responsible. A baby will sleep nearly all its time for the first few months of its life, except, of course, when taking its food. Gradually, as it grows more lively, it should be put down on the floor, and allowed to roll about and kick at its pleasure (it should be kept out of draughts or cold); later on it will begin to crawl. A child's learning to walk is best self-taught. When strong enough, it will

drag itself up by some means—then stand alone—then, helped by some friendly finger, its tottering steps will be guided a little way, and in time it will run alone. There may be many tumbles during the process, but they will do it no harm.

CHAPTER XVI.

ON THE CHOICE OF A WET-NURSE.

FOR many reasons it may be desirable that a baby should have a wet-nurse. The mother may be too delicate to nurse it herself, or the quality and quantity of her milk may not be suitable for her child's needs. Artificial feeding may have been tried and have failed, and perhaps nothing but human milk can be digested by it. In such a case, however repugnant to her feelings may be the idea that another woman should nourish her baby, a loving mother will naturally wish to give her child every advantage, and will allow a wet-nurse to be obtained, if it is thought to be desirable.

No patient should choose a wet-nurse on her own responsibility; the ultimate decision must rest with the doctor; still it is very important that she should see the woman herself, that she may be satisfied to leave the child in her care. The relation between mother and the nurse are somewhat close, and it is necessary that they should be genial. It is desirable, too, that the *morale* of the nurse should be good, and that her temper and her tact with babies should be satisfactory. Such details will be best ascertained by the mother herself.

CHAPTER XVII.

THE ARTIFICIAL FEEDING OF INFANTS.

As we have already seen, a mother may for various reasons be unable or unwilling to nurse her infant. The next substitute for mother's milk is that of a good wet-nurse, whose own baby is as nearly as possible of the same age; but if this is not attainable, then artificial feeding in some form must be employed. The satisfactory feeding of a child by artificial means is in many cases a matter of great difficulty, requiring immense care and attention. One food after another is tried and rejected, or unsuitable to the child's digestion, in some instances; but in others, little or no trouble is experienced, and the child grows and thrives on the first food chosen. Even at the best, however, artificial feeding is a poor substitute for breast-milk, and it is very rare to find an infant thriving as well as when its mother nurses it; or, when apparently well, it may be thin and puny, without that charm for others and sense of *bien aise* in itself, which it has when partaking of the nourishment provided for it by nature.

To successfully feed a child by artificial means, it

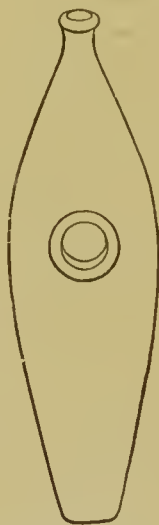
is necessary to be scrupulously clean, very observant, quite punctual, infinitely patient. The food and everything used in its preparation must be scrupulously clean—without this no dietary can be satisfactory—for dirt here means the introduction of vicious matter into the child's stomach, whence sickness and diarrhœa are pretty sure to follow. Whatever food is chosen must be given at regular intervals, and punctually—not too soon. The intervals should be of two hours during the first three months of a child's life. Let ten meals be given at two-hour intervals, and mother and child can then obtain six hours' consecutive rest, which is very desirable. When this plan has been pursued for three months, there should be six weeks during which the intervals are two and a half hours; they should then be lengthened to three hours, and should remain at three hours till the infant is a year old. By this plan, then, with five or six meals a day, time can be spared for continuous rest.

No little intelligence is needed in some cases for the successful management of artificial feeding. The directions laid down for it must be most carefully studied and exactly followed; quantities must be strictly measured, and not guessed; the temperature of the food must be carefully regulated, and every circumstance in connection with the child's health must be minutely considered. In a really difficult case of what is called "bringing up by hand," a mother, if she has had any training in accuracy, is far better than

any nurse, and is much more likely to be successful in the treatment. The greatest patience is often needed, especially in making a fair trial of some plan of feeding. Mothers are often too anxious, and are in a hurry to change their infant's diet, thinking



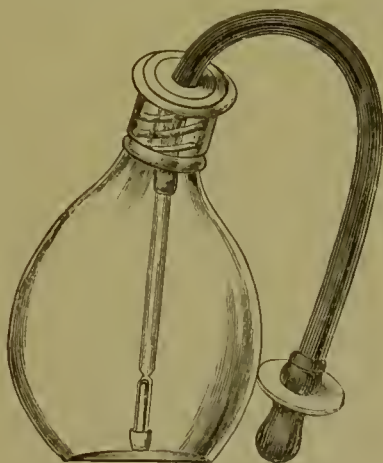
FEEDING-BOTTLE,
SODA-WATER SHAPE.



FEEDING-BOTTLE,
BOAT-SHAPE.

that something else will be more suitable. Whatever plan of feeding is chosen should be fairly tried. The food must be administered by means of a bottle, which is superior to cup or spoon, as it most closely imitates Nature's method. The baby when sucking has to exert itself, and the exertion is good for it, and it takes its nourishment more slowly, and is not

so likely to take in wind as when fed from the hand. The best pattern for the feeding-bottle is the soda-water shape (see Fig.), in which there is one opening only at the neck, which is grooved for the reception of a screwed glass top. On this is fixed the teat. The advantages of this bottle are that it is easy to keep clean, and, from the child's point of view, that it



ALEXANDRA FEEDING-BOTTLE.

must be held in its nurse's arms to feed, which we may believe to be a disadvantage from the point of view of the latter. The soda-water shaped feeding-bottle is dearer than some other kinds. There is a boat-shaped bottle in which there is an opening in the middle, which serves for the introduction of the food. This kind of bottle is very difficult to keep quite clean, for the brush has to go round a corner, as it were, in cleansing it. The favourite

feeding-bottle is the Alexandra (see Fig.). This bottle has a china screw top, through which passes an india-rubber tube, to which inside the bottle a glass tube is fastened, and to which outside the teat is attached. To all these bottles an ivory collar should be attached, so that the baby may not suck off the teat and swallow it. The last kind of bottle is very difficult to keep clean, because the internal condition of the india-rubber tube cannot be inspected, and because with it the baby can be placed in its cot and left to take its food by itself. A baby left to itself always bolts its food, which induces fretfulness, wind, sickness, diarrhœa. Feeding-bottles which require to be corked should be avoided; they are never clean; cork is porous, and it absorbs the milk, which very quickly decomposes and becomes injurious. There should always be two bottles in use, and several teats. The bottle and teats not in use at the moment should be kept in water, to which has been added boracic acid in the proportion of two teaspoonfuls to a pint of water.

Many kinds of artificial food have been produced, of which one will suit one infant and another another. The simplest food—that which is most easily prepared and procurable—is *cow's milk*. This should be tried first; but it is, unfortunately, too unlike human milk for it to be administered without some preparation. It contains more solids and less sugar than human milk, and the curd which is thrown down into the stomach is much tougher, larger, and more

difficult of digestion. To partially get over these difficulties, and make it approach more nearly to the composition of human milk, it must be first diluted with water which has been previously boiled, sweetened with a little cane-sugar or sugar of milk (of which the latter is the better), and to this may be added barley-water, rice-water, or oatmeal-water. Barley-water, the best and simplest, is prepared as follows:—Take two large teaspoonfuls of barley-meal, or of barley (Robinson's prepared barley-meal is very good). Put this into a saucepan with a quart of water, and let it boil until the bulk is reduced by one-half, which will be in about an hour. Oatmeal and rice waters are made similarly; the former may be used when the child has a great tendency to constipation, the latter when the tendency is to diarrhoea. Either must be thoroughly boiled, so that the starch contained may be converted into a substance which the baby can digest. An infant under six months of age cannot digest starch. It is difficult to obtain cow's milk really fresh, especially in towns. It is safer to *boil* it before using. Boiled milk keeps fresh just twice as long as unboiled. Then cow's milk is very variable in its quality. The old fashion was to have the milk always from one cow, but this is hardly necessary. It must be remembered that the *first* milk which is drawn is poorer in fat than the last, and also that a young cow gives milk with much less fat than an old cow. *The* important

matter is to find a perfectly trustworthy dairyman, whose milk is always pure.

Quantity to be Given each Time.—The capacity of a child's stomach at birth is about $1\frac{1}{2}$ ounces. It has been calculated that a baby will take about 10 to 15 ounces of breast-milk per diem during its first month of life. During this time, therefore, an infant should have 15 ounces of fluid given to it. This should be in the proportion of 5 ounces (ten tablespoonfuls) of cow's milk to 10 ounces (twenty tablespoonfuls) of plain water. During the next month 20 ounces (one pint) of fluid in this proportion should be given to it each day. A child aged from two to four months should take $1\frac{1}{2}$ pints, in the proportion of half-water and half-milk, daily. From four to six months of age it should take 2 pints, in the proportion of two parts of milk to one of water. At six months old it may drink from 2 to 3 pints daily of pure milk, to which may be added some starchy food. It is a very good plan to add a couple of tablespoonfuls of cream to the food during the twenty-four hours. Most hand-fed children suffer from the lack of fat in their food.

Many infants thrive upon cow's milk and water, but with many others it does not agree. This is shown by their sickness, they bringing up large masses of curdled milk, or passing it with their stools, and by their suffering greatly from wind and

other discomfort. Here the cow's milk should be mixed with oatmeal or barley water, and if this still should disagree with them—sickness or diarrhœa being present—lime-water should be mixed with the milk in the proportion of one part in three, or equal parts of lime-water, barley-water, and milk may be given.

Condensed Milk.—Where cow's milk disagrees, condensed milk may be tried; it very often suits where the former does not, probably because curd is thrown down in the stomach more slowly when the condensed is taken. Babies appear to thrive and get fat on it; but it must be remembered that it is not a fresh food, and rickets, or sometimes a disease closely resembling scurvy, has been known to attack those fed on it. Still it is a very useful food, and often helps a baby through a critical period. It is easily procurable, constant in composition, it keeps good longer than fresh milk, is easily prepared, and it is cheap. The usual kinds, however, contain a large proportion of sugar, which is apt to derange the baby's stomach and bowels. There is an unsweetened kind prepared, which is rather more expensive and does not keep so well. Food made from condensed milk is generally too strong; one teaspoonful, heaped up, to a tablespoonful of water is a fair proportion. Barley-water may be used instead of plain water. Condensed milk is deficient in fatty

matter, hence the addition of cream makes it approach more nearly to human milk, and become a better food for babies. It is a very useful food in hot climates or in very hot weather, in times when milk is liable to turn sour, also in places where the supply of fresh milk is uncertain.

Care must be taken to choose a reliable brand of milk. Even the best brands, however, cannot be considered a perfect food for infants; it must be looked upon always as a temporary substitute only for cow's milk, though it can be given with perfect safety at any time during the first three months of an infant's life.

Humanised Milk.—By the following plan it is possible to reduce the solid part of cow's milk to nearly the same proportions as in human milk. Let a pint of new milk be divided in half, slightly warm one half, till, on putting the finger in the milk, it feels comfortably warm, not hot (90 degrees is the proper temperature); add a piece, about an inch square, of calf's stomach. (This can be set aside and used again and again for a month or more.) If this cannot be got, one teaspoonful of essence of rennet must be added to the milk, and when it curdles, break up the whole of the curd, and boil up the mixture, of course taking out the piece of stomach. Then strain through muslin, so as to separate the curd completely, and add the liquid to the other

half of the milk. Put to this a small half-teaspoonful of sugar, and give it to the baby without further dilution. This is a food which may be given to infants from birth, and frequently answers very well. Care is of course needful in its preparation.

Sterilised Milk.—An apparatus has been devised by which milk can be sterilised in any ordinary household. By sterilisation is meant the killing and rendering harmless of any germs which the milk may have received from the air or the vessels in which it has been contained. It is done by boiling thoroughly. The steriliser consists of a tin vessel like a potato-steamer, into which are fitted eight to ten bottles containing the infant's food—milk, or milk and barley-water. Water is put into the vessel round the bottles, and this is kept boiling for three-quarters of an hour. The bottles are then stoppered and the food allowed to cool. When needed, a bottle is warmed, the stopper taken out, and a teat put in. Scrupulous cleanliness must be observed in all these preparations.

This apparatus was devised by Soxhlet, and can be obtained in London from Julius Pearl, 4 Bury Court, St. Mary Axe, E.C., and in Manchester from A. Hailwood, 7 St. Mary's Gate. It costs from thirteen to twenty shillings. It is manufactured in Munich by Metzler & Co.

Peptonised Milk.—This is milk which is partially digested before the infant takes it, and is therefore particularly useful in tiding over a crisis, though it should not be used continuously for any length of time. The reason for this is simple: the child's digestive apparatus ought, in an ordinary way, to do its own work, or it will become unable to do it.

Milk is peptonised by adding to it Benger's Liquor Pancreaticus, or Fairchild's Peptonising Powders, or Savory & Moore's Peptonising Pellets, which can be obtained from most chemists. Dilute a pint of milk with a quarter of a pint of water, divide it into two equal parts, heat one to boiling-point and then add it to the other. Put into this a pinch of carbonate of soda and two teaspoonfuls of liquor pancreaticus. Cover this up and put it in a warm place. Taste this at the end of half an hour; if there is no discernible bitterness, let it stand still one hour. Taste it again; if slightly bitter, boil it again for a few minutes, to prevent the process of digestion going any further. It can then be used like ordinary milk. If it is allowed to get too bitter, the infant may refuse to take it.

All these preparations of milk ready made can be obtained from the Aylesbury Dairy, St. Petersburg Place, Bayswater, or the Express Dairy, Hart Street, Bloomsbury, London.

Sometimes *any* preparation of milk seems to disagree with a child, and it vomits continually and

brings up curd. In this case whey and cream may be tried, or whey and barley-water, half and half, with two teaspoonfuls of cream to each bottle; or it may be necessary to stop milk altogether for a time. Veal-tea and barley-water may be given instead.

Veal-tea is made in the following way:—Take half a pound of veal free from fat and bone, cut it into small pieces, and place it in a covered jar with one and a half pints of barley-water, and put this into a not too hot oven for three or four hours.

Ass's milk resembles human milk more closely than that of any other animal, but it is very expensive, costing thirty to fifty shillings per week; and unless one sees the ass milked, one can hardly be sure what kind it is. Goat's milk, which is more digestible than cow's milk, and requires less dilution, may be sometimes used.

After six months it *may* be desirable to add some farinaceous food to the infant's diet, and this *may* be so even when it is being fed on the breast. But if the child seems perfectly contented, happy, and quite satisfied after its food, and if it has no teeth yet come, it is best to let well alone and make no change. A child can go on perfectly well in every way on milk diet till twelve months old, and if it seems to be thriving, it is far better not to give it any farinaceous food till then.

The general progress of a baby is best tested by its weight. This should be taken twice a week by means

of an ordinary pair of kitchen scales. During the first two months of its life the gain in its weight each week should be 5 to 6 ounces, and at two months old it should weigh about 10 pounds. During the third and fourth months it should gain 4 to 5 ounces each week, and at four months its weight should be about 13 pounds. During the fifth and sixth months, the seventh, eighth, and ninth months, and the tenth, eleventh, and twelfth months respectively, the gain should be $3\frac{1}{2}$ to 4 ounces, decreasing by $\frac{1}{2}$ ounce to $1\frac{1}{2}$ ounces per week, and its weight should gradually increase till at the end of a year it should weigh 22 pounds. It must, however, be noted that gain of fat is not necessarily a gain of strength.

In no case must starchy food be given to the baby till it is six months of age; then the choice of farinaceous diet is endless. Ordinary baked flour, preferable "seconds" flour, is very simple and fairly satisfactory. It should be put in a thin layer in the oven, and baked till its colour is a rich gold. Chapman's Entire Wheat-Flour is excellent, containing more nutriment and less starch than ordinary flour. It is prepared in this way:—Put wheat-meal into a pudding-cloth, tie it tightly, and boil in a saucepan for ten hours. The outer soft part of the mass is then to be cut away, and the inner hard part to be grated and used as meal, a teaspoonful at a time, well mixed with cold milk, and a quarter of a pint of milk added. Allen & Hanbury's or Mellin's Foods

for Infants are malted, and are easy of digestion, and they are said to be good for ehildren from a quite early age.

Benger's Food is peptonised, and is useful in cases where peptonised milk is suitable, being of course open to the same objection, that of weakening the baby's digestive organs. It also causes diarrhœa in some ehildren. Whatever food is given should be warmed to 90 degrees Fahrenheit. After nine months the yolk of an egg or a little beef or veal tea may be added to the diet, but it must be remembered that good milk is the main part of a ehild's food.

Diet of a Child from Twelve to Eighteen Months Old.—It should have four meals during the day, though some ehildren thrive rather better on five. These meals should be :—

Breakfast, 8 A.M.—Consisting of half-pint of milk with brown or white bread in it, oatmeal or wheat-meal porridge thoroughly boiled, Scott's Midlothian Oat-flour, Hominy or Frame Food; if necessary, a slice of bread and butter may be given in addition, and also more milk if the ehild seems to want it.

Dinner, 1 P.M.—Half-pint of milk to drink, bread-crumbs and gravy, or a lightly boiled or poached egg and bread and butter, or soup or broth in which vegetables have been stewed. Potatoes well mashed with cream or butter; vegetables, such as thoroughly cooked cauliflower, artichokes, or turnips are good;

so is rice, sago, tapioca, semolina, vermicelli, or custard pudding. Fruits, stewed or baked. Apples and bananas may also be given.

Third Meal, 5 P.M.—Milk, half-pint, bread and butter, or some one of the infant foods, with rusks or sponge-cakes rather stale.

Fourth Meal.—Some milk to drink, if the child seems to want it, either before going to bed or after the child wakes up in the evening.

Delicate children may have a light meal in the middle of the morning, consisting of milk and bread and butter or a rusk. Milk may be given in the night if the child is wakeful.

Diet from Eighteen Months to Two Years Old.—The number of meals should be the same as the above, but to this dietary may be added finely minced beef, mutton, fowl, or fish. Any vegetable, if thoroughly cooked, may be eaten. Most stewed fruits and some raw fruit, such as grapes, raisins, and dates, if the skins and stones be removed.

Neither coffee nor tea should be allowed, but cocoa made with milk may be given; milk should still form the main portion of the food.

To Make Lime-Water.—Slake a piece of freshly-burned lime about the size of an orange by sprinkling water upon it. Then put the crumbled lime into a gallon jar and fill up with water, corking it tightly.

Shake it well, and in twenty-four hours it will be ready for use. Pour off as much as you require quite clear, and use in the proper proportion. The jar is to be kept well corked, for lime-water soon spoils by exposure to air.

CHAPTER XVIII.

THE CLOTHING OF INFANTS.

THERE are three main points to be considered in making or choosing a baby's clothing. It should be, 1st, soft ; 2nd, warm ; 3rd, light.

1. A baby's skin is very tender, and easily rubbed and made sore. The material of its clothes should be of even texture, with no harsh lines or points about it, not of hairy or ribbed stuff. The clothes worn next the body should have all their turnings and neecessary joinings made to faee the *outside*, or what most people would eall the wrong side, so that a perfectly even surfaee may be next the ehild's body.

2. The most important thing for a baby is warmth ; it will die unless it is kept warm—food without warmth is nseless. The clothing should be evenly distributed, so as to keep the whole body thoroughly warm. It is of no good to cover up the chest with several thieknesses of flannel and leave the arms, legs, and neek exposed to the air. To see a baby held in its mother's arms at her eottage-door, its little limbs blue with eold, while she gossips with her neighbours, is a sad sight. Yet such mothers will tell you they

themselves wore similar clothing to their child's when they were young, and no harm came to them. What does it matter? Besides, they like to see its dear little arms, &c. There is no wonder that so many babies die; the wonder is that so many live to grow up. Clothing should be evenly distributed all over the child's body; there should be no short-sleeved or low-necked frocks.

3. Warmth must not be attained by piling on garment over garment. A child's clothes should be as light, and should weigh as little as possible. To carry this out properly, the old-fashioned long-clothes must be done away with. There is neither beauty nor profit in a mass of drapery hanging down below a baby's feet; it must be very uncomfortable to the little wearer, as any reader can prove by lying down herself on a sofa and throwing a heavy rug over her feet as they project beyond the end. It is very tiring to sustain such a weight for long.

Warmth, softness, and small weight are together given only by woollen materials, flannel, cashmere, nun's-veiling, &c., and such stuffs should be chosen. If it be argued against them that they are more expensive than linen or cotton, there is a sufficient answer in the fact that they are far more durable, and that, by doing away with the foolish and costly process of short-coating, the child can be provided at once with a wardrobe for its whole infancy. Where expense is really of importance, the better kind of

flannellette may be used instead of cotton for part of the clothing; but no self-denial is too great which enables a mother to clothe her child rationally, and she will find it to be the cheapest plan in the end.

The washing of woollen materials is difficult, but by care and intelligence it can be well done. The water in which they are put should be warm, and the lather should be prepared beforehand with some good soap—Hudson's Dry Soap is as good as any. A tablespoonful of ammonia may be added to each couple of gallons of water. The clothes should be left to soak in this for an hour; they should then be drawn through the hand, rubbed as little as possible, put into fresh water, mangled, and allowed to dry quickly. Washed in this way, they will not shrink and will keep their colour.

With regard to the number and shape of the various garments which should constitute the baby's wardrobe, it should be remembered that they must be loose, so as not to press on any part of its body, and that they should be arranged so that they can be easily adjusted. This is a very important adjunct to the comfort and happiness of the child; it means ease and rapidity in dressing and undressing, and is a great saving of stitching, and pinning, and turning about, of turmoil and screams. Again, any healthy infant is *very* active; its clothing should not be allowed to interfere with it, but should allow of its

kicking, and stretching, and throwing out its arms and legs at pleasure, which is quite impossible with the old style of dress. A baby's clothes can be made quite as pretty in woollen as in cotton materials; and to those who object to covering its neck and arms I would say, "Once put your infant into a long-sleeved, high-necked frock, and you will soon feel that anything else is, as was once said to me, 'positively indecent!'"

A baby's clothing should consist of 1, a shirt; 2, a binder; 3, a skirt and bodice; 4, dress; 5, socks.

1. *Shirt*.—This should be of thin fine flannel or white cashmere. It should be about nine inches deep, and measure about twenty-four inches round. It should have no sleeves, and the front pieces should be wide enough to be folded over in front, to allow of the child's growth. Later, this can be fitted with buttons and button-holes or tapes, but at first this is unnecessary—indeed, better not. All the turnings should be outside; they should be turned once, and herring-boned or fastened down with thin silk ribbon.

2. *The Binder* should be made of flannel, and it is best to have raw edges, and not to be stitched or sewn, it being thus more elastic and yielding more to the various movements of the baby. It should be about five inches wide, and is best made in two strips—an inner longer one (twenty-four inches), and an outer

shorter one (eighteen inches). To the outer one should be affixed tapes, and the two pieces should be stitched together, so that when on the child's body the stitching together will come behind and the tapes will be tied at the side. This binder is so arranged to prevent any possibility of its being drawn too tight; a common plan in the old way, where the binder (usually a piece of cotton) is drawn as tightly as possible and then stitched, the baby's breathing being very often seriously impeded. Then, too, it can be very readily undone and done up again, which is a most important point. It need only be worn for the first few months, provided the child has proper woollen clothes, so that its stomach is really covered.

3. *The Skirt and Bodice*.—This garment should be made of flannel, and it is convenient to make it in two pieces, so that if the skirt gets wet, which will often happen, it can be changed without disturbing the rest of the clothing. The bodice is made about the same size as the skirt, only it is made to button down the front, and has sleeves. It is, however, a very good plan to make some of the bodices without sleeves for use just at first, a baby's arm being so tiny that the two sleeves are almost too much for it. The sleeves should be cut sloping up, so as to be introduced into the neck, by which means the arm-hole is made much larger than usual, and so much easier for the introduction of the arm.

The skirt should be sixteen inches deep, and the whole width of the flannel should be put into it; it will, however, be well to cut the flannel, and put the wide pieces to the lower and the narrow to the upper side of the skirt. This garment should have buttons and button-holes in front, and both garments should be fastened together by as flat buttons as can be got; the buttons should be on the bodice, and the button-holes on the skirt. There is no objection to making a few of these garments, for night-wear, in one piece; they lie more smoothly.

4. *The Dress* should be made all in one piece from neck to foot, and should fasten down the front. The sleeves will be fitted into the neck, as described in the previous page. The dress should be twenty-five inches long, and should measure forty-eight inches round. It will be best made in three pieces—two fronts and a back. A band, *quite loose*, may be brought round the waist and fastened in front, to keep the frock in place. It can be trimmed and ornamented to fancy.

5. *Socks*.—At first an infant hardly needs a foot-covering. The clothing is purposely arranged so as to cover its feet. When, however, foot-covering is needed, nothing is better and more sensible than stockings knitted of the finest Shetland wool, long enough to come to the knee. Nothing is more futile than the ordinary baby's boot.

The night-clothing at first should be the same in

quantity as the day; later, especially if the weather be warm, the skirt and bodice may be dispensed with, and only the dress and skirt worn.

For out-of-doors wear, nothing looks so nice for quite a young infant as a white Chudda shawl, and later, a woollen garment with very loose sleeves should be worn. Never buy the ordinary baby's cloak; no garment could be more foolishly designed for the purpose for which it is intended!

A warm woollen hat, not hood, is best for both sexes.

A baby clothed thus is quite comfortable. There is no pressure, there are no pins, there is ample warmth, and the principles of rational dress are all fulfilled.

We have, however, not yet touched upon what may be considered the crux of an infant's wardrobe—the diaper.

The diaper, unfortunately, must be worn, but the less it is worn the better for the baby, and careful nurses will sometimes be able to dispense with it altogether by care and patience in training the child. Woollen diapers are of no use; they absorb nothing; and when the child passes water, it simply runs through them. Diapers are best made of soft Turkey towelling, and they should not be too big, and only one should be worn at once. It must be very uncomfortable for a child's thighs to be pushed apart by such a mass of material as three or four diapers, which

also tends to alter the shape of its legs. They should be pinned to the binder or skirt, so as to keep them in place. At night, or for a journey, a cotton wool-pad covered with gauze may be put underneath the child's body next the skirt.

When a baby is able to crawl about, and has been taught good habits, the skirt may be changed for flannel drawers, which are buttoned on to the bodice. This of course is not possible until the child has been somewhat trained.

Some kind of shoes will be needed occasionally, though until the child is two years old the less it has of shoes the better. Such as are used should be large and loose, soft, with kid soles and silk tops, or with woollen tops and felt soles. Very pretty suitable shoes could be made out of these materials by any good needlewoman, and it should be remembered as far more important than any prettiness, that the child's foot has a distinct shape, which should be attended to.

CHAPTER XIX.

MINOR AILMENTS OF INFANCY.

Swelling of the Breasts.—This comes on a few days after birth, and is not uncommon in either sex. It is accompanied by the discharge of a few drops of milky fluid. The whole breast is red, tender, and painful, causing the child to be fretful. If it is much swollen, apply hot fomentations or warm oil on a piece of lint covered outside with cotton-wool. Do not rub the breast; it will do more harm than good. Far more harm is done by doing too much than too little. This little ailment is no sign of neglect on the part of the nurse, and unless under very exceptional circumstances passes away in a day or two.

Excoriations—Soreness—Eczema.—Quite young babies are very subject to spots or raised red patches, which occur most commonly on the head, ears, and face, and on places which are subject to chafing, or to the irritation of excessive perspiration, such as the neck, armpits, and groin, round the navel, and between the legs. When occurring in this last situation, the

soreness is often due to the fact of the urine being, from some slight indisposition, too concentrated (shown by its high colour and offensive smell), and this appears to have a peculiarly irritating effect on the skin. Even if it has not these characteristics, urine will cause intense redness and soreness if allowed to remain long in contact with the skin, because the diapers are not changed often enough and the baby is not carefully washed. A further cause of soreness is carelessness about drying the baby thoroughly in all its creases.

The best way to treat this very painful affection is as far as possible to prevent its occurring. Dry baby very thoroughly, using a little starch-powder or sanitary rose-powder for the creases of its body. Change the diapers as soon as possible after it has wetted them, wipe it carefully with a clean dry one, several times a day sponging it gently with warm water, powder it carefully and put on a dry clean diaper. *Never* use a diaper which has been wet with urine and then dried: this is a very dirty habit, and a very common one in some nurseries. The irritating part of the urine is still there, only the moisture has been removed by drying. Besides, it is very bad for baby and any other inhabitant of the nursery, because the napkins are, as a rule, hung over the fender to dry, and there is a strong and most unwholesome odour in the room. Here I may put in a plea for the early teaching of good habits. A baby

that is taught from its earliest infancy to pass water at regular times held over a chamber will rarely suffer from soreness.

If, however, the soreness is there, the treatment I have always found most effectual is not to wash the part with water at all for a day or two, but to wipe it over with a piece of rag dipped in olive-oil whenever the baby has passed water, and then to powder it thoroughly with starch-powder or equal parts of oxide of zinc and starch. This serves the double purpose of relieving the child's pain and of preventing any further irritation from the trickling of the urine over the raw surface. If the urine is high coloured (stains the napkins) and has a strong unpleasant smell, the baby may have some plain cold water to drink or some barley-water, and if it is being nursed, the mother's health should be most carefully attended to and her diet regulated.

Wind—Flatulence—Colic.—Happy would be the baby that passed through its infancy without having experienced the pangs of wind. One almost doubts the existence of such a fortunate being. Nor is this to be wondered at when we consider that both the stomach and bowels are performing their work for the first time, and have no knowledge of it except that which has been transmitted to them. It is only natural that the functions of digestion should be somewhat irregularly performed till by constant prac-

ties they become, or should become, almost automatic. It seems almost impossible to account otherwise for flatulence in a baby apparently quite healthy, and suffering from neither constipation, diarrhoea, or sickness. It seems a small matter that a baby should be suffering from wind, but it is very important to the poor baby, and perhaps still more so to the poor mother, almost worn out by her child's wailing and screaming by night and day, and quite distressed by her powerlessness to give it any relief.

The symptoms of wind are as follows:—A baby is taking the breast comfortably and easily, when it suddenly breaks off, draws up its legs, throws itself about, grunts and utters a piercing, sharp, or prolonged cry. At the same time its face becomes paler and its abdomen quite rigid, and after a time the wind passes either down by the bowel or up by the mouth, where it may be followed by a very little eruct. Relief then comes, and the child goes on with its meal if it has not already finished. This may be repeated several times during a meal, or it may only come on at the end, and it ceases as digestion proceeds.

The causes of wind are many and various. If the baby is being fed on the breast, it may have wind because it takes the breast too quickly, or it may be that the milk is too poor in quality or deficient in quantity for its requirements. In this case the flatulence arises from emptiness of the stomach.

. It is very common when cow's milk is given, and is caused by the formation of very firm curd in the stomach, and ceases when this is disposed of either by vomiting or by the processes of digestion.

If wind occurs in the breast-fed infant, and the mother's diet and general hygiene be apparently all that can be desired, and there be no pernicious qualities in her milk, as shown by the fact that the child is thriving and flourishing, then probably the infant is taking its food too quickly and in too large quantities. A few spoonfuls of barley-water or whey, given just before the breast-meal, will take the keen edge off the child's appetite, and enable it to take its meal less ravenously, and to do with a smaller quantity. Then, while it is feeding it should be stopped several times, and made to pause before going on again. If the milk is too poor in quality or insufficient, the mother must increase the amount of her own food, and, if necessary, supplement her milk with artificial feeding.

In a bottle-fed infant, wind is commoner even than in one fed on the breast. In this case the milk should be diluted still further with barley-water or lime-water, or it may be necessary to predigest it.

For the immediate relief of the painful symptoms, nothing is better than warmth applied to the abdomen. Make a flannel bag and half-fill it with bran, heat this in the oven, and place it on the child's

abdomen under its binder, which may be tied over it. If a baby is subject to wind, it is a good thing to have a bag always in readiness. If no bran-bag is at hand, a hot fomentation is the next best thing, or an india-rubber bag filled with very hot water. A small enema (about a teacupful) of hot water is often a great relief. See that the feet are quite warm. Sometimes friction with a warm hand is very helpful and soothing. Dill-water or peppermint-water, a teaspoonful diluted with a tablespoonful of hot water, is often of great use.

To prevent the occurrence of wind, one must treat its cause, which is often difficult to find. If the baby takes its food very fast and ravenously, it must be stopped at intervals during the process of feeding. One reason why hand-fed babies have wind oftener than those fed on the breast is that they are left to take their food as they like at their own sweet will, and they invariably bolt it. A baby should be held while it is taking the bottle just as much as it is when taking the breast. A bottle-fed baby left to itself will always bolt its food, and consequently will more often than not have wind after it.

Vomiting.—This may be described as the natural and harmless way in which a baby rejects any surplus of food which it may have taken into its stomach. A baby's stomach is very small; it only holds about

a wineglassful, and baby sucks very vigorously, and often takes in more than sufficient to fill its little stomach. So it returns the surplus by what is known as "possetting;" that is, a small quantity of food escapes from time to time, without any effort, from the corners of the child's mouth.

In true vomiting there is more effort and retching, and it is a much more serious matter. When it occurs in breast-fed infants, it is due to the breast being given at too frequent intervals, or to ill-health on the part of the mother, or to some great anxiety from which she may be suffering, which is quite enough to change the character of her milk.

In hand-fed children, who are having cow's milk, vomiting is caused by the difficulty they experience in digesting the hard curd.

For "possetting," unless it is considerable in amount, nothing need be done except keeping the baby quite still after feeding, and lengthening the intervals of feeding.

In the hand-fed infant it is more difficult to treat. It may be necessary to stop giving cow's milk altogether for a time, or condensed milk may be given. (See Chapter on Artificial Feeding.)

Vomiting is a serious ailment of childhood when it occurs, and if it becomes anything more than "possetting" the doctor should be sent for.

Diarrhœa—Frequent and Watery Motions.—This

is a very common disorder of infancy, and it has many and various causes. It is not uncommon during the first few days after birth, and, unless very excessive, need cause no anxiety.

In breast-fed babies it may be caused by anything that upsets the mother, such as worry, or trouble, or a fit of temper, or indigestible and rich food.

In bottle-fed babies it is far commoner than in those fed on the breast. As we have seen, cow's milk forms larger and tougher curds than human milk, and is much more difficult to digest. Milk, too, tends to decompose very easily, and it absorbs any noxious or unwholesome particles or vapours with which it is brought in contact. It undergoes change more easily at a higher than at a lower temperature, and hence diarrhoea is far more common in the summer than in the winter. Anything which tends to weaken the child is liable to encourage diarrhoea; so it is commoner during teething than before dentition begins, and it is often an early symptom of some illness, such as measles or whooping-cough.

Diarrhoea in an infant is one of the most serious ailments it can have, and unless it is of the mildest nature, and the child only very slightly out of health, the doctor should be sent for.

A healthy infant may have three to six actions of the bowels in the twenty-four hours. The motions should be golden yellow in colour, of about the consistency of mustard mixed for the table. They should

be nearly devoid of smell, or at most have only a faint disagreeable odour. As long as they remain right in colour and consisteney, there is no cause for anxiety, even if they increase in number. But when this increase is accompanied by pain and griping on and before passing the motion, perhaps some vomiting, and the motion passed becomes altered, it is very different. The motions may become green and mixed with slime interspersed with lumps of undigested curd, or they may be slimy and dark-coloured, or watery and very offensive, or they may be a brilliant yellow fluid, or pale like rice-water. These last are of the more serious import.

The child will probably be fretful, and whining, and restless. Its tongue will be dry and its mouth parched, and it will drink eagerly at anything that is offered to it. Its hands and feet may be very cold, while its little body seems very hot; its skin will probably be very dry. If the diarrhœa goes on, it will become very red and sore between its legs, and in addition to its other discomforts will be added the pain of the motion running over this sore surface.

In treating diarrhœa, we must remember that it is Nature's way of getting rid of irritating and injurious substances from the stomach and bowels.

In the early stages a very small dose of castor-oil, half a teaspoonful, is very useful to help to carry off the remaining source of irritation. Then the cause of the irritation should be removed, and this can be done

by carefully boiling all milk, to render harmless any noxious particles that have been absorbed by it, to prevent changes, and to be quite sure that it is not in the slightest degree sour. If not *quite* sweet, it would of course curdle in boiling, and so show itself to be unfit for food. All milk should be kept closely covered up.

If the baby has very frequent actions, and is often sick, it may be best and safest to stop all milk for twenty-four hours, and give instead barley-water, or veal-tea, or chicken-broth, or whey.

As the child improves, milk can gradually be returned to, beginning by giving a small quantity of cream with the whey, and then if it appears to digest that, adding boiled cow's milk in increasing proportions. It may be necessary for a time to feed the child on condensed milk.

The child should be kept warm, and should lie down and be quite still. It should have plenty of fresh air, and be kept thoroughly clean and dry.

Constipation.—That is, the bowels act too seldom, and the motions are too hard and often not right in colour, being paler than usual. The most important thing to remember in treating constipation in a baby is not on any account to give drugs for it without medical advice.

If the child is being fed on the breast, and suffers from confined bowels, it will generally be found that

the mother's health is not right—probably she is suffering herself from constipation. If her health is put right, probably the baby's will follow.

In bottle-fed children, barley-water may be added to its food in larger quantities; or, if it is more than six months old, a teaspoonful of fine oatmeal may be added to two of its meals in the twenty-four hours.

A great deal can be done to cure constipation by inducing regular habits. If a baby is fed regularly, and held out at the same time of each day, and then later is put on its chair, it will seldom be long troubled with confined bowels.

If the motions are very hard and cause pain on passing, some warm water may be injected into the bowel. Rubbing the abdomen with the hand alone or with some oily substance, such as plain olive-oil or soap-liniment, is often very beneficial. The rubbing should begin at the right lower corner and go up and round to the left. It should be continued from five to ten minutes.

Protrusion of the Bowel may be caused by either constipation or diarrhœa, by straining from the child feeling as if all had not come away. It comes down through the anus, forming a purplish red swelling, and it may be quite small like the tip of a finger, or as large as an orange. It may bleed slightly, and may cause a good deal of pain.

To return the bowel, place the child on its left side and press up firmly but gently by means of a sponge wrung out of either very hot or very cold water, and the child should remain lying on its side for some little time after. Great care should be exercised over the child whenever it passes a motion, as when the bowel has once come down it is very liable to do so again. For a time the child should not sit up to pass its motion, but should lie down on its side and pass its motion into a napkin or some tow. No straining should be allowed, and any tendency to constipation or diarrhoea should be removed. A cold sponge-bath every morning will help to strengthen the child, and bathing with cold water every time the bowels have acted will be found very useful.

In all cases of bleeding from the bowel where there is pain and straining, the doctor should be sent for without delay.

Thrush is a peculiar form of inflammation of the mouth, which is sometimes found in babies. The signs of it are little white spots on the inner surfaces of the lips, gums, palate, and checks. Each little spot is surrounded by a deep red area, and is exquisitely tender, and evidently causes great pain on swallowing. The child refuses the breast or bottle, its saliva dribbles from its mouth, and it keeps its mouth open. It is generally associated with some signs of indigestion, such as vomiting and cruetation of acid stuff,

and possibly diarrhœa; and with this some soreness and redness between the legs, which gives rise to the erroneous statement so often heard, that the thrush has "passed through" the baby.

Like everything else, it is commoner in the hand-fed than in the breast-fed infant. It is probably caused by fermentation of particles of milk or starchy food in the mouth, and is a result mostly of want of scrupulous cleanliness. As prevention is better than cure in this as in all other things, do not neglect the wiping out of the baby's mouth, after it has finished its food, with a rag and plain warm water. If its mouth is examined after it has been feeding, little particles of food will generally be found clinging to its gums or under its tongue. These are the beginning of the mischief, and should be carefully removed. Occasionally, too, borax and glyeerine should be used.

When thrush is, however, once established, all milk should be most carefully boiled, and a few grains of carbonate of soda should be added to each meal. The mouth should be cleansed with warm water and a rag, and then with borax and glycerine every time after feeding. It may be necessary to substitute veal-tea, or chicken-broth, or barley-water, or whey for the milk. This will depend on the amount and kind of the signs of indigestion present. If it does not mend in a very short time, say two days, call in the doctor without delay.

Vaccination is the inoculation of the material of the cow-pox, and its object is the protection of the individual vaccinated from an attack, and especially a severe or fatal attack, of small-pox. Cow-pox is a disease affecting the teats of cows, and it was noticed that those persons who milked the cows in the particular dairies where this particular disease was found did not take small-pox.

This observation led Dr. Edward Jenner to the idea that by inoculating some of the fluid beneath the skin of human beings, a mild disorder would be produced which would be protective against small-pox; and this, the scientific discovery of modern times which is of the greatest use to humanity, remains substantially true up to the present day. It is true, however, that persons who have been thoroughly vaccinated do sometimes take small-pox, but it is a very much modified form of the disease, with a very low mortality and an almost entire freedom from scarring. In these days, when the sight of a face marked with small-pox is such a rarity as to cause us astonishment, it is almost impossible to realise what an awful scourge small-pox was before the introduction of vaccination, and one can hardly conceive the horror which was caused and the panic which ensued at the suggestion of the possibility of being brought in contact with it. People knew that if they contracted small-pox and were lucky enough to recover with their lives, they would reappear in

the world with their appearance completely changed, and often rendered revolting to their friends, and that they would possibly be blind for the rest of their lives. Chapters viii. and ix. of Thackeray's "Esmond" will give some idea of the terror which small-pox inspired at the end of the seventeenth century.

Prior to the introduction of vaccination, the number of deaths from small-pox was 3000 in every million of the population. After vaccination became obligatory, the deaths fell to 202 in every million. That is, the average death-rate of small-pox is scarcely one-fifteenth of what it was before the introduction of vaccination.

Objections to Vaccination.—There are many people who imagine that they have a right to resist anything that is compulsory, and the mere fact that the Vaccination Laws in England are compulsory makes them wish to break them by refusing to have their children vaccinated. Such persons talk long and loudly about the liberty of the subject. If they and their children were the only persons concerned, they might perhaps be left in their folly; but every unvaccinated person is a great source of danger to the community, and, as such, should not be allowed to exist in any well-governed country.

Then people say that all sorts of diseases are communicated by vaccination. We know how common it is for mothers to say that their children had no

rash, or convulsions, or any other complaint till they had been vaccinated, and to argue that vaccination caused them. It cannot be too strongly impressed on the minds of mothers that vaccination carefully performed neither originates nor communicates disease. The opinions of doctors of long standing and of very wide experience can be quoted in support of this.

Compulsory vaccination is not a freak, and it was decided upon after long and careful consideration by many thoughtful people.

Time at which Vaccination should be Performed.—

The Vaccination Laws of Great Britain and Ireland lay down the rule that every infant must be vaccinated before it is three months old. This is a very good rule; the child has got acclimatised, as it were, to life, and has become accustomed to its diet, and it will be able to bear the little derangement of its health without any serious inconvenience. At this period, too, the child is not very sensitive to pain, and it is prior to the onset of teething.

Vaccination may have to be postponed for various causes of ill-health on the part of the infant. Of these the most important are an acute illness which absolutely contra-indicates its performance, or any rash on the head or buttocks, thrush, or abscesses. If, however, small-pox is raging, nothing but an acute illness should interfere with vaccination, and the operation should be performed at once, however young the child may be. The mortality from small-pox in

infancy is very high indeed. A doctor in the North of England, who has had a very large experience of small-pox, says that in his experience no unvaccinated baby taking small-pox recovers.

Mode of Operation and Course of Vaccination.—The operation of vaccination consists in the introduction of lymph under the skin either by punctures or scratches. The lymph may be drawn from one of two sources, from the vaccine vesicle on another baby or from a vesicle on a calf. The operation may be done direct, that is, from arm to arm, or direct from the calf to the child; or it may be stored up in fine air-tight tubes, or on ivory points, and allowed to dry. Whichever way is chosen, it will be perfectly safe in the hands of a careful vaccinator. Where it is practicable, the direct arm-to-arm vaccination is best, but there is a great deal to be said in favour of calf-lymph. It can be very readily obtained, and the results are very satisfactory. Moreover, the particular ailments that people so much fear will be communicated by vaccination can hardly arise from the calf.

The usual place for vaccination is on the arm, and, for convenience of nursing, the outer surface of the left arm, about three inches from the tip of the shoulder, is chosen. But there is no reason why it should not be done on other parts of the body, and many mothers prefer to have their children, especially little girls, done on the leg. If this part is chosen, the best spot is the outer side of the calf of the leg;

it is best not to do it on the thigh, as it will be inconvenient to verify the vaccination marks in later life, if at any time it becomes necessary.

The number of punctures which should be made the mother will do well to leave to the doctor. The more thoroughly the system is influenced by the lymph, the more complete is the protection afforded against small-pox. One or two vesicles on a baby's arm or leg are not such a protection to it as five. An analysis of cases of small-pox was made to prove this point, and it was found that whereas out of 200 cases having one mark fifteen died, out of 200 cases having four or more marks only one died. Mothers should comfort themselves with the reflection that vaccination marks on a child's arm are better than small-pox marks on its face.

About two days after the lymph is introduced, the punctures will become swollen and hard; on the fifth day a distinct vesicle is seen, which is circular in form and raised at the edges, while its centre is depressed. By the eighth day this vesicle is distended with a clear fluid, and is either pearl-coloured or slightly yellow. From the eighth to the tenth day an inflamed ring is seen round the base of the vesicle, and it extends from two to three inches all round it. The most painful and tedious time of vaccination is at this time. The baby is usually more or less fretful, though it may have shown no signs of inconvenience during the previous week. After the tenth day the redness

fades and the swelling begins to disappear, the vesicle turns brown, dries up, and forms a scab, which finally drops off on about the twenty-first day, leaving a permanent scar rather depressed and marked with minute pits. If the vaccination does not pursue this course, especially if the vesicle appears earlier than the fifth day and the inflamed ring is not present, the operation should be performed again. Anything that is worth doing at all is worth doing well.

Treatment and Management of the Child during Vaccination.—The most important point is to keep the arm free from irritation, and to see that it gets neither rubbed nor scratched. Loosen the baby's dress sleeve. The best way to do this is to undo the seam all the way up beforehand and sew on tapes, which can be tied as loosely as necessary. A dusting-powder of equal parts of boracic acid and oxide of zinc will be most useful in allaying the heat of the spots. If the arm is very much inflamed, a rag soaked in lead lotion or a hot fomentation may be applied to it. But unless absolutely necessary, moist applications should not be made, as they tend to soften the heads of the vesicles and prevent them from drying up. If the child seems very feverish, give it plenty of cold water or barley-water to drink, and bathe it with quite cool water frequently. If any other treatment than this seems necessary, the doctor should be consulted before anything further is done.

Dentition—Teething.—The period of dentition or teething should be passed through with little or no constitutional disturbance or impairment of the infant's health. It is a physiological process, just as the growth of the hair and the nails, and by rights should be no more painful. This period extends roughly from the sixth to the twenty-fourth month of infant life. Now this is a time of great activity in the growth and development of part of the human economy, and it can hardly be wondered at that its working at times is not perfectly harmonious. So many disorders which occur during the period of teething should not rightly be considered as caused by teething, but really by the very unstable condition of the whole system. Then, too, the child's diet is being changed, considerably modified, and made more extensive. Up to this time it has usually been taking a perfectly bland digestible fluid, and now other things not so easy of assimilation are added. Its clothes, too, are being altered, and the necessary amount of warmth the child needs may be difficult to gauge. It is much more active, and so perhaps more liable to fatigue.

The whole period is one of transition and great alteration, nothing is fixed and stable, and it is for this reason that the time of teething often becomes a time of peril.

By teething we mean the cutting of the milk or temporary teeth, often spoken of as the first dentition.

The second dentition, or the cutting of the second or permanent teeth, is not now under consideration.

The milk-teeth are twenty in number, and are cut in the following order:—First, at from the seventh to the ninth month, come the two lower middle front teeth (central incisors); they may be later, and are sometimes earlier. Five or six weeks after these come the two upper middle front teeth. Next come the two lower teeth on the outer side of the middle ones (lateral incisors), followed by the two upper ones. After an interval of a few weeks, and at the age of about twelve or thirteen months, the first double teeth (anterior molar) come through. They occupy a space at a little distance behind the lateral incisors, and the space that is left is for the canine or eye-teeth, which do not appear till somewhat later, from eighteen to twenty months. They are at the angles of the mouth, and are more pointed in character than the other teeth. The posterior molar or second double teeth complete the set of milk-teeth. They appear usually just about the end of the second year.

There may be many deviations from this. Teeth may appear much earlier than the seventh month, as early as the third or fourth, and they have been found in the mouth at birth. Generally speaking, however, it is of no advantage to a child to get its teeth very early. Then the upper front teeth may come first instead of the lower ones, and the second double teeth may come before the eye-teeth. There may be no

side front teeth at all, or there may be one on one side and not on the other, or in the lower and not in the upper jaw. Where this is the case, the middle front teeth are separated by a little space, so as apparently to fill up the gap left by the absence of the other two teeth. Where the teeth are cut in these various unusual ways, children are often popularly said to cut their teeth "cross-wise."

All these deviations are comparatively unimportant as long as the appearance of the teeth is not delayed to any considerable extent. If, however, ten months is reached without any teeth, generally there is reason for suspecting some weakness of health, and this is strengthened if the holes in the child's head are still widely open. It is a useful rule that, if a baby is without any teeth at ten months, a doctor should be consulted.

Signs and Symptoms of Teething.—For some few weeks before the appearance of any teeth, the child will probably have more or less dribbling from the mouth. Its gums will feel hot and swollen, and it will eagerly clutch at anything to put into its mouth and rub on its gums, and it seems to be much comforted by a finger rubbed gently along its gums. The child at this time may be a little more fretful or even very cross, and it may be very restless and fretful at night. Sometimes there may be a good deal of disturbance of the digestive system, as shown by the bringing up of food or wind, and diarrhœa. It is a

popular statement, that children cut their teeth with diarrhoea. The irritation of the tooth coming through the gum may often cause diarrhoea in an infant predisposed to it, just as in the same way sudden worry or excitement will often cause it in a grown-up person.

In the same way babies get colds in their heads or a little bronchitis on the cutting of each tooth if they are predisposed to colds. Occasionally skin eruptions appear during teething, and there may be a good deal of feverishness at some time or other during this period. Convulsions may take place, but they are by no means a common ailment, and it is doubtful whether they are caused by teething.

Management of the Infant during Teething.—Let the child live as wholesome a life as possible. Keep it much in the open air. In mild weather it is a good plan to let it take its day-sleeps out of doors. Bathe it regularly, and, if it is feverish, more often than usual. If it is dribbling a great deal, keep it as dry as possible; see that it does not get wet to the skin at its chest. A bib lined with oil-silk is a very good appliance at such a time. If the infant is being fed on the breast, the mother should live on the simplest food, avoiding all stimulants of every kind. If the child seems thirsty, give it plenty of cold water to drink. If it has diarrhoea, flatulence, or constipation, treat it as stated under those sections.

An ivory or india-rubber ring for it to bite is

often a great relief, and its gums may be frequently rubbed.

If it has a cold, keep it warm and out of draughts, but do not forget that it still needs plenty of fresh air, and have the room in which it is thoroughly aired from time to time.

If it seems hoarse and coughs, rub its chest with warm oil and put on a sheet of warm cotton-wool, back and front.

If the baby seems ill enough to call in a doctor, and lancing the gums is proposed, there can be no objection to this, if the tooth seems to be worrying the gums just below the surface. It will relieve the upward pressure of the tooth, and so save the child a considerable amount of pain.

Never, under any circumstances, give any substance containing opium in its many forms, or any of the much-vaunted soothing syrups; many an infant has been lulled to its final sleep in this way. If the baby is very fretful and restless at night, lift it up and carry it about for a time, or even take it into another room; the freshness of the air and the change of posture will often succeed in sending it to sleep.

False Croup—Child Crowing—Convulsions.—

False Croup.—Some children are liable to wake up in the night suddenly with an attack of difficulty of breathing and a cough with a loud brassy sound. This is very alarming to a mother, and naturally so, though

it is very rare indeed for a child to die in an attack of this kind. After one attack of false eroup, medical advice should be taken.

The best treatment for these attacks is a hot bath, if it can be got, and one or two teaspoonfuls of ipecacuanha wine to make the child sick, or tickling the throat with a feather or the finger.

If enough hot water cannot be got, squeeze a sponge out of hot water and put it to the throat. By way of preventive treatment, be most careful of the diet, that it consists of easily digested food; the last meal should not be taken within an hour of going to bed. See that the bowels act regularly.

Child Crowing.—These attacks are similar to false eroup in character, and are not very uncommon during infancy. A child in apparently perfect health is seized with a sudden convulsive attack, which arrests completely for a few moments the power of breathing. As the spasm passes off, the breath is often drawn in with a crowing or hissing sound, not unlike that which occurs in false eroup. When a child is attacked with this form of spasm, it throws its head back, becomes white and then blue in the face, and looks terrified, and holds its breath for what appears to be some considerable time. There may be at the same time some twitching of the hands and feet.

The slightest excitement, such as the appearance of a stranger or a strong light, may cause the attacks. Sometimes they come on without any provocation, as

when the child is asleep, or waking up, or laughing, or crying.

The treatment of this affection is mainly directed towards improving the child's general health. It will generally be found to be suffering from constipation and flatulence, and to be late with its teeth. All these points must be attended to. It may be necessary to get a wet nurse for the baby, or it may be sufficient to make the food more suitable to the child's requirements in one of the various ways suggested in the Chapter on Infant Feeding.

The child should have plenty of fresh air, and be taken out whenever possible. A change to the seaside may be beneficial.

For the attack, turning the child over on its face will often cut it short, or a hot sponge to its throat, or cold water dashed in its face, or putting a bottle of smelling-salts to its nose.

The doctor should be consulted in any case of this kind without delay; the general health will probably need very careful treatment.

General Convulsions—"Fits."—Although fits are so much more alarming to witness than the attacks we have just been describing, they are not generally serious as regards danger to life. A fit is rarely indeed fatal, unless it lasts a very long time. There is a very general impression that all fits in babies are caused by teething. This is a very unfair way of putting the subject.

Fits occur in any child who has a very highly organised nervous system, what is usually spoken of as a neurotic tendency, and they may arise from many and various exciting causes, dentition amongst the number. Thus, in a child predisposed to fits, indigestible food, the irritation of worms, excited play, or the onset of fever may excite an attack.

Symptoms of a Fit.—A child suddenly stiffens itself, throws back its head, and stretches out its arms and legs. Its eyes turn up, so that only the whites are to be seen, or they may be turned to the side, so that the child appears to squint, and the breathing is temporarily stopped. The face is first bluish in colour and then pale. After a few seconds, generally the face, arms, and legs begin to twitch. This may last from two to three minutes to as many hours, but it is rare for it to continue more than a few minutes.

Treatment of a Fit.—Anything to be done must be done quickly. If hot water is to be had, fill the bath and put the child into it at once, without waiting to remove its clothes. Hold the child up with your hands, and go on adding hot water from time to time. Let the child remain in the water till the spasm ceases, then wrap it in warm blankets and keep it quite still. If there is not enough water for a bath, turn the child on its face over a basin and pour a pitcher of hot water over the back of its neck. If constipation is suspected, get the bowels to act as

soon as possible, and perhaps the best and quickest way for this object is to give an enema of half a pint of warm water. High medical authorities recommend the inhalation of chloroform in the fit, but this should not be done without medical instructions.

For general treatment, keep the child in the best hygienic conditions, and avoid any of the possible exciting causes of fits. In any case the doctor should be consulted on the point.

This chapter has only dealt very briefly with the commonest and simplest ailments of infancy, that is, during the first two years of life. For the ailments of children above that age, the reader is referred to the companion volume to this manual, "A Book for Every Woman," being hints on the management of her own health and that of her children.

GLOSSARY OF MEDICAL TERMS.

- Abdominal**, belonging to the abdomen or belly.
Abnormal, unhealthy, unnatural.
Amnion, the internal membrane containing the waters and fœtus.
Anæmia, an impoverished state of blood, bloodlessness.
Anodyne, soothing pain.
Antenatal, previous to birth.
Antiseptic, preventing or retarding putrefaction.
Anus, the circular opening or outlet of the bowels.
Aperient, laxative, mild purge.
Astringent, binding, contracting.
Belladonna, deadly nightshade.
Capillaries, hair-like vessels for conveying the blood from the arteries to the veins.
Capsules, small membranous sacs.
Catarrh, discharge from mucous surfaces of the body.
Cellular, composed of cells.
Conception, the beginning of the formation of the fœtus.
Congestion, overfulness of blood-vessels.
Contusion, a bruise.
Defæcation, the act of passing a motion.
Dentition, the process of teething.
Diagnosis, scientific determination of diseases.
Diaphragm, breathing muscle between chest and abdomen.
Enceinte, pregnant.
Enema, injection.
Excretion, anything thrown off from the system.
Excretory, throwing off matter.
Fæces, discharge from the bowels, excrement.
Fecundation, the act of impregnation, fertilisation from intercourse.
Fœtal, pertaining to fœtus or child in the womb.

- Fœtus, child in the womb.
Flatulence, gases in the stomach or bowels.
Fomentation, warm or hot application to the body.
Function, the office or duty of any organ.
Hamamelis virginica, witch-hazel.
Hæmorrhoids, piles.
Hygiene, the art of preserving health.
Inoculation, the communication of disease by introducing infectious matter.
Labia, lips of the vagina.
Laxative, a remedy increasing the action of the bowels.
Malaise, discomfort, indisposition.
Massage, manipulation of surface and muscles for remedial purposes.
Meconium, first fæces of infant.
Menstruation, monthly discharge of blood from the uterus.
Neurotic, nervous.
Ova, plural of egg (ovum).
Ovary, almond-shaped body in which the ova are developed.
Oviducts, tubes which convey the ova from ovary to uterus.
Oxygenation, process of combining with oxygen.
Parturition, child-birth.
Pathological, morbid, diseased.
Pelvic, pertaining to the lower part of the abdomen or pelvis.
Physiological, natural, normal.
Placenta, the after-birth.
Prolapsus, falling protrusion.
Pruritus, a skin trouble characterised by intense itching.
Pubes, external parts of the organs of generation covered with hair.
Pubic, pertaining to the pubes.
Pulmonary, pertaining to the lungs.
Purulent, consisting of pus.
Pyæmia, poison by absorption of pus.
Rectum, lower portion of intestines ending in the anus.
Renal, pertaining to the kidneys.
Saline, salty.
Saliva, the natural fluid of the mouth.
Salivation, unnatural flow of saliva.
Sanitary, in accordance with rules of health.
Sedative, quieting, soothing.

Septicæmia, poisoning by putrid substances.

Siesta, a mid-day nap.

Sitz bath, a bath in a sitting position (hip-bath).

Sterility, barrenness.

Strumous, scrofulous.

Suppositories, conical bodies for introduction into the rectum.

Tissue, the peculiar structure of a part.

Umbilical, pertaining to the navel.

Umbilicus, the navel, the place in the abdomen to which the cord is attached.

Uterus, womb, the organ in which the foetus is developed.

Vagina, the passage leading from the womb.

Varicose veins, veins permanently dilated with accumulation of dark-coloured blood.

Venous, pertaining to the veins.

Viability, capacity of living.

Viable, capable of life.

Vulva, external organs of generation.

INDEX.

- ABORTION, 78.
 Aperients, 49, 50.
 Appetite (see also Diet), 40.

 BABY'S bath, 94, 138.
 Baby's bottle, 146.
 Barley-water, how to make, 149.
 Bathing, 28, 101.
 Bed for confinement, 99.
 Bed-bath, 89.
 Bed-pans, 90.
 Belt, 61, 71.
 Binder, 92, 105; baby's, 163.
 Bladder, 69.
 Bowel, falling of, in child, 178.
 Breast, enlargement of, 9;
 management of, 112; breast-
 shield, 113, 131; breast-band-
 ages, 130; abscess of, 132;
 disorders of nipple, 129; child's
 breasts, 168.

 CHILD, what it requires, 93, 136,
 157, 160; its minor ailments,
 168.
 Clothing, 23, 160.
 Conception, 8.
 Confinements, 88-97; fixing date,
 84; premature, 72; requisites,
 89, 99.
 Constipation, 45; in child, 177.
 Convulsions, 191.
 Cradle, 96.
 Cramp, 63.
 Cronp, false, 191.

 DATE of confinement, how to fix,
 84-87.
 Diarrhœa, 51; in child, 174.
 Diet, in young wife, 4; in preg-
 nancy, 31; after confinement,
 110; during nursing, 126—see
 also 46, 52, 54, 70; for young
 children, 157.
 Discharge, 56, 109.
 Disinfectant, 93.
 Doctor, when to send for, 102.
 Douche-can, 92.

 ENEMA, 43, 48.
 Enlargement of breasts, 9; of
 abdomen, 11; of legs, 59; of
 vulva, 62; general, 70; of
 breasts in infant, 168.
 Exercise, 33.

 FAINTNESS, 64.
 Fallacies, 14.
 False labour pains, 100.
 Family way, see Pregnancy.
 Fancies in pregnancy, 15.
 Feeding, artificial, 144; feeding-
 bottles, 146.
 Fits, 193.
 Flatulence, see Indigestion.
 Fomentations, how to make, 30.
 Freaks of birth, 17.
 Fresh air, importance of, 33.
 Fright, in pregnancy, 17, 76.

 GYMNASTICS, 34.

- HÆMORRHOIDS, 52.
 Headache, 66.
 Heartburn, 39 (see Indigestion).
 Husband's duty during pregnancy,
 23, 35, 74.
 IMPRESSIONS, maternal, 17.
 Indigestion, 39.
 Irritation (pruritus), 58.
 LABOUR, 97.
 Leucorrhœa, 56.
 Lime-water, 158.
 Longings, see Fancies.
 MELANCHOLY, in young wife, 4.
 Milk, first appearance, 10 ; lacta-
 tion, 112 ; artificial, 151 ; ass's,
 155 ; condensed, 151 ; cow's,
 148 ; humanised, 152 ; pepton-
 ised, 154 ; sterilised, 153.
 Milk-fever, 129.
 Miscarriage, 72-83.
 Monthly, see Period.
 Motherhood, romance of, 1 ; re-
 sponsibility, 2.
 Movements of child, 68 (see
 Quickening).
 NAVEL cord, 104, 137.
 Nipples, cracked, 131.
 PAINS, after delivery, 106.
 Palpitation, 64.
 Period, monthly, 7.
 Piles, 52.
 Pregnancy, 7-71 ; a natural condi-
 tion, 7 ; pains and discomforts,
 7, 33, 36-71, 100 ; signs of, 8.
 Premature confinement, 72, 82.
 Pruritus, 58.
 QUICKENING, 11, 12.
 REQUISITES for confinement, 89.
 SEXUAL intercourse, when undesir-
 able, 23, 56, 74, 82, 125.
 Sickness, 9, 37 ; in child, 174.
 Sleeplessness, 66.
 Stays, 26.
 Stimulants, 33.
 Swelling, see Enlargement.
 Symptoms of pregnancy, 8 ; of
 miscarriage, 79.
 Syringes, 42, 48, 57.
 TEETHING, 187.
 Thrush, 179.
 Tight-lacing, 27.
 Toothache, 18, 43.
 UNHEALTHY parents, 22.
 VACCINATION, 181.
 Varicose veins, 52, 61.
 Vegetarian diet, 32.
 WATER, passing, 69, 106.
 Waters, breaking of the, 103.
 Weaning, 120.
 Wet-nurse, 143, 144.
 Whites, 56.
 Wife, the young, 4 ; after con-
 ception, 22, 16.
 Wind (flatulence, colic), 170.
 Woollen materials, to wash, 162.



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